

Name
in
Full

Benjamin L. Barnett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sykesville Town Carroll County MARYLAND

Date of death 1900 Month Feb. Day 13th Age 37 Years 1 Months 13 Days

Sex M Color or Race White Birth-place West Va.

Occupation Welder Where Residing if not at place of death At place of death.

Married, Single or Widowed Married Name of Wife or Husband Hattie Barnett

Father's Name John Barnett Father's Birthplace Georgia

Mother's Maiden Name Rachael Blankenship Mother's Birthplace West Va.

Name of person giving Information Hospital Record How related to deceased

CAUSES OF DEATH

9k

PHYSICIAN
OR CORONER

Primary Paresis How long About 4 yrs?

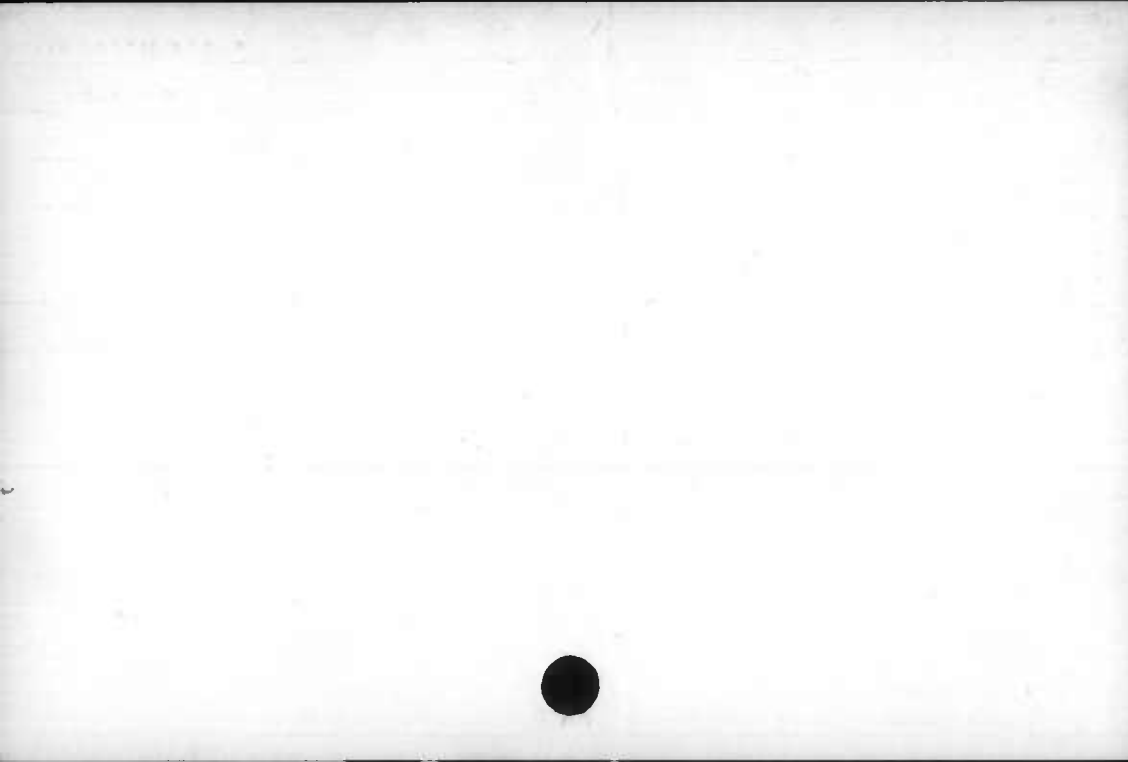
Immediate Bronchial Pneumonia How long One week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Alex P. Harrison

Address Springfield State Hosp.
Sykesville Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

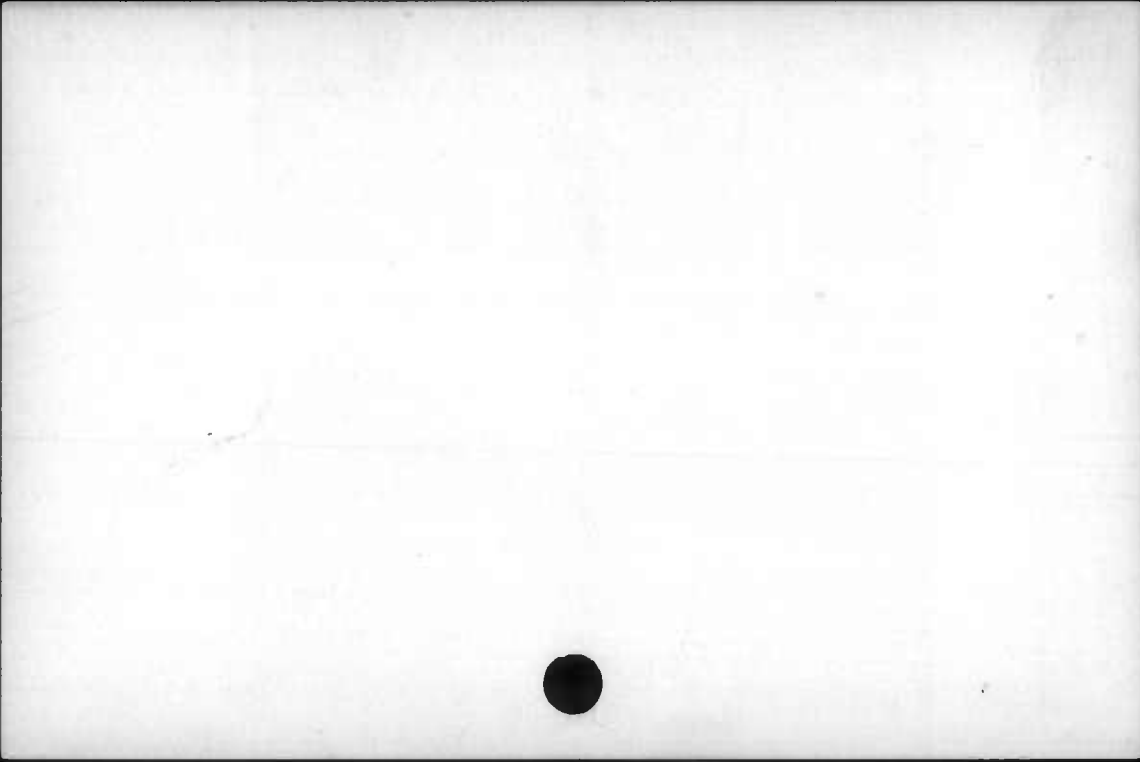
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>1 year Manchester</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1980</i>	Month <i>2</i>	Day <i>3</i>	Years <i>77</i>	Months <i>5</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Don't know</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Banblitz</i>				
Father's Name <i>George Banblitz</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Margtha Ellen Frank</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Elizabeth Banblitz</i>			How related to deceased <i>wife</i>		

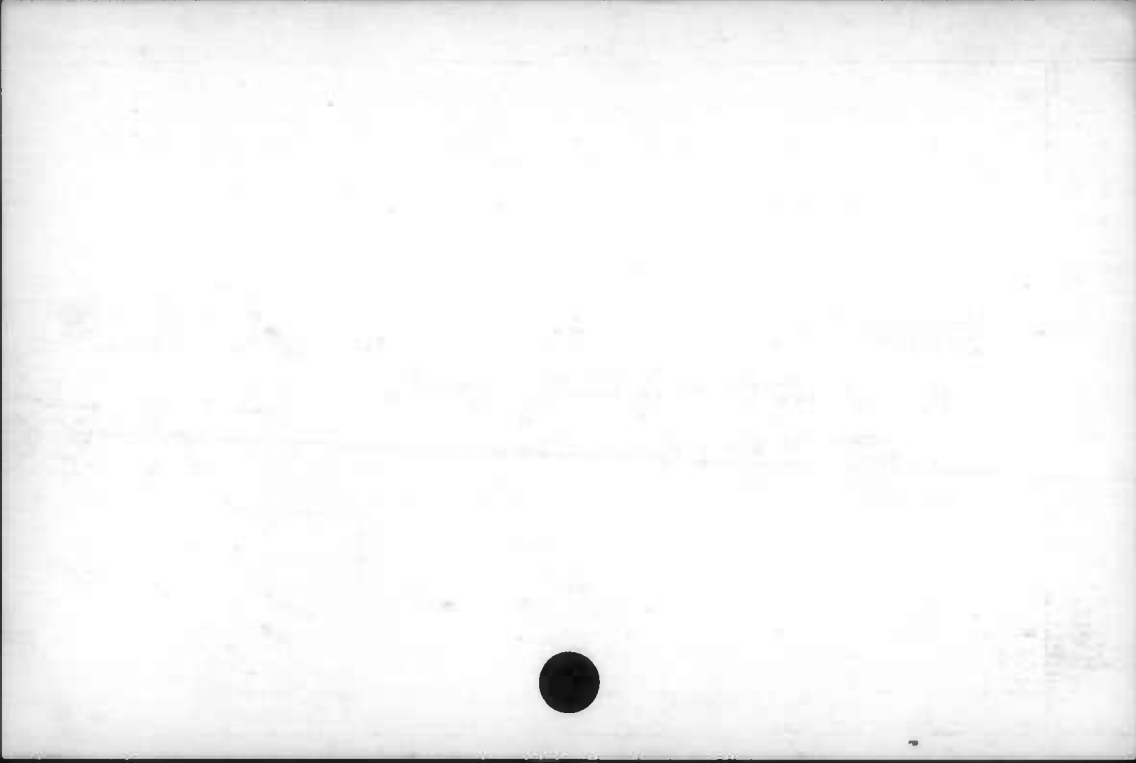
CAUSES OF DEATH

PHYSICIAN
OR CORONER

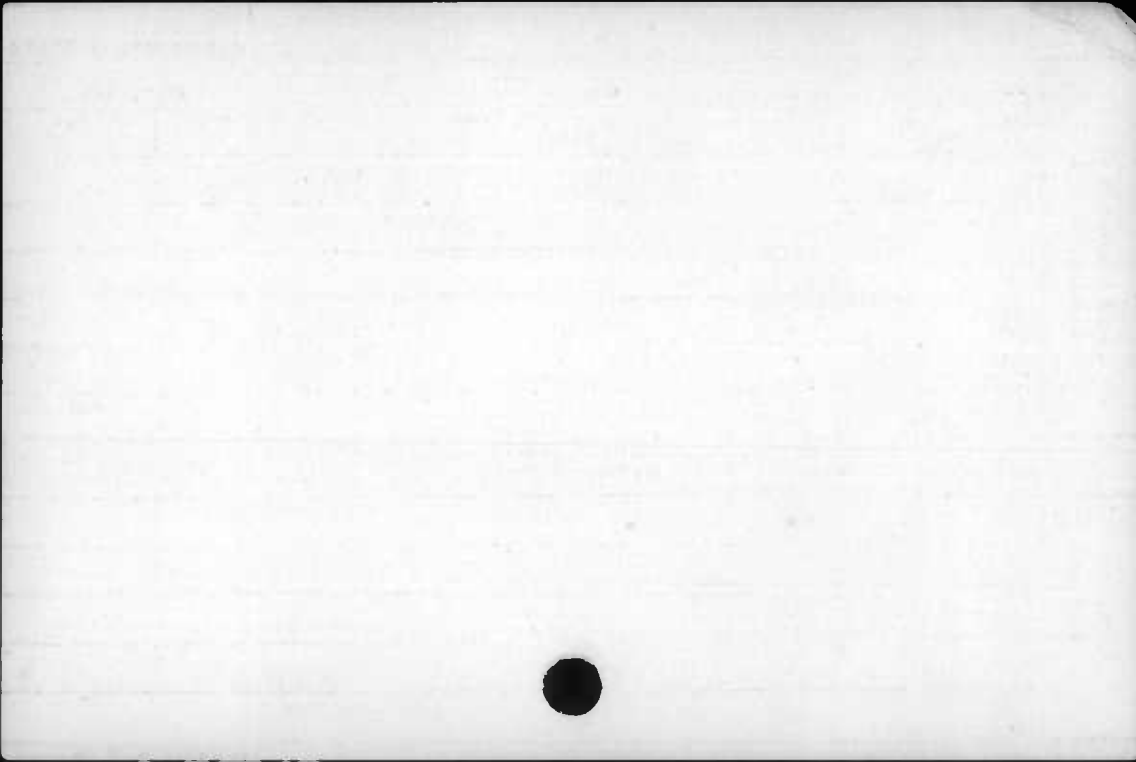
Primary <i>Cerebral Hemorrhage</i>	How long <i>10 hrs</i>
Immediate <i>Heart Failure</i>	How long <i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. D. M. Besh.</i>
	Address <i>Hampstead.</i>
Accident or Suicide?	<i>ind.</i>



Name in Full		Mary I Bonner.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hohokville		Carroll		MARYLAND	
	Date of death	1900	2	21	Age	38	2 Months 12 Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		— Pennsylvania	
	Married, Single or Widowed	Married		Name of Husb.	Edw Bonner.		
	Father's Name	Henry H Spahr		Father's Birthplace	Penna		
	Mother's Maiden Name	Lydia A Raffenburger		Mother's Birthplace	" "		
	Name of person giving Information	H H Spahr		How related to deceased	Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Carcinoma of Stomach				How long	6 mos.
	Immediate	Heart Failure				How long	48 hrs.
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		Edgar M. Bush M.D.
					Address		Birmingham, Ala.
Accident or Suicida		X No.					



Name in Full		Charles H. Bowersox				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Jordan's Retreat</i>		Town <i>Carroll</i>		County	
		Date of death <i>1940 Feb 17</i>		Month <i>Feb</i>		Day <i>17</i>	
		Age <i>50</i>		Years <i>50</i>		Months <i>2</i>	
		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Old</i>	
		Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Anne-moriah Bowersox</i>					
Father's Name <i>Beneah Bowersox</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Susanna Bail</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Roy Bail</i>		How related to deceased <i>no</i>					
		CAUSES OF DEATH		<i>178</i> ✓			
PHYSICIAN OR CORONER		Primary		How long			
		Immediate <i>Probably Suffocation & Effluvia</i>		How long <i>few minutes</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Edward West, J. P.</i>			
		No strong probability or reasonable belief that death was caused by felony or injury unnecessary		Address <i>acting as coroner New Windsor Carroll County md.</i>			
		Accident or Suicide?					



Name - In Full		Town				County		CERTIFICATE OF DEATH	
John Henry Brown		Near Mt Airy		Carroll		MARYLAND			
Date of death 1906		Month 2		Day 15		Age 22		Months — Days —	
Sex Male		Color or Race Colored		Birth-place Maryland					
Occupation Laborer		Where Residing if not at place of death near Mt. Airy Md.							
Married, Single or Widowed Single		Name of Wife or Husband —							
Father's Name Daniel J. Brown		Father's Birthplace Kenton Town, Md.							
Mother's Maiden Name Emily Dixon		Mother's Birthplace Yorktown							
Name of person giving information Daniel J. Brown		How related to deceased Father.							
		CAUSES OF DEATH		(56)					
Primary		Alcoholic Intoxication		How long Thirty six hours					
Immediate		Cerebral Congestion.		How long " "					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. T. Crank							
		Address Taylorsville							
Accident or Suicide?									

Mt. Zion

Name
in
Full

Bertha Remain Carr

566
CERTIFICATE OF DEATHDied at *Bloom.* Town *Carroll* County *MARYLAND*Date of death 19*10* Month *Feb.* Day *18* Age *18* Years *6* Months *1* DaysSex *Female* Color or Race *White* Birth-place *Maryland*Occupation *House wife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Augustus W. Carr*Father's Name *Charles Christ* Father's Birthplace *Maryland*Mother's Maiden Name *Mollie Kraeger* Mother's Birthplace *Maryland*Name of person giving Information *Augustus W. Carr* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Pneumonia* How long *3 weeks*Immediate *Heart Failure* How longAre the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

T. J. Coonan M.D.
Watkins

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Saline Cemetery
Notes

Name
in
Full

William H. Cornell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harney</i>		County <i>Carroll</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>Feb</i>	Day <i>19</i>	Age <i>48</i>	Months <i>4</i> Days <i>22</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella Cornell</i>				
Father's Name <i>Jacob Cornell</i>			Father's Birthplace <i>Carroll Co Md</i>		
Mother's Maiden Name <i>Harnet Adlesperger</i>			Mother's Birthplace <i>Frederick Co "</i>		
Name of person giving information <i>Ella Cornell</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>92</i>	<i>1 day</i>
Immediate	<i>Heart Failure</i>	How long	<i>4 Hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. C. Preston M.D.</i>	
		Address <i>Harney.</i>	
Accident or Suicide? <i>No</i>		<i>Inf.</i>	

Eastern Cemetery, New York

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Oscar *Brouse*
Town County
Died at *Silver Run* *Garroll* **MARYLAND**
Date of death 1900 *Feb.* Month *16* Day Age *1.* Years Months *6* Days *22*
Sex *Male* Color or Race *White* Birth-place *Silver Run Ind.*
Occupation _____ Where Residing if not at place of death *At home*

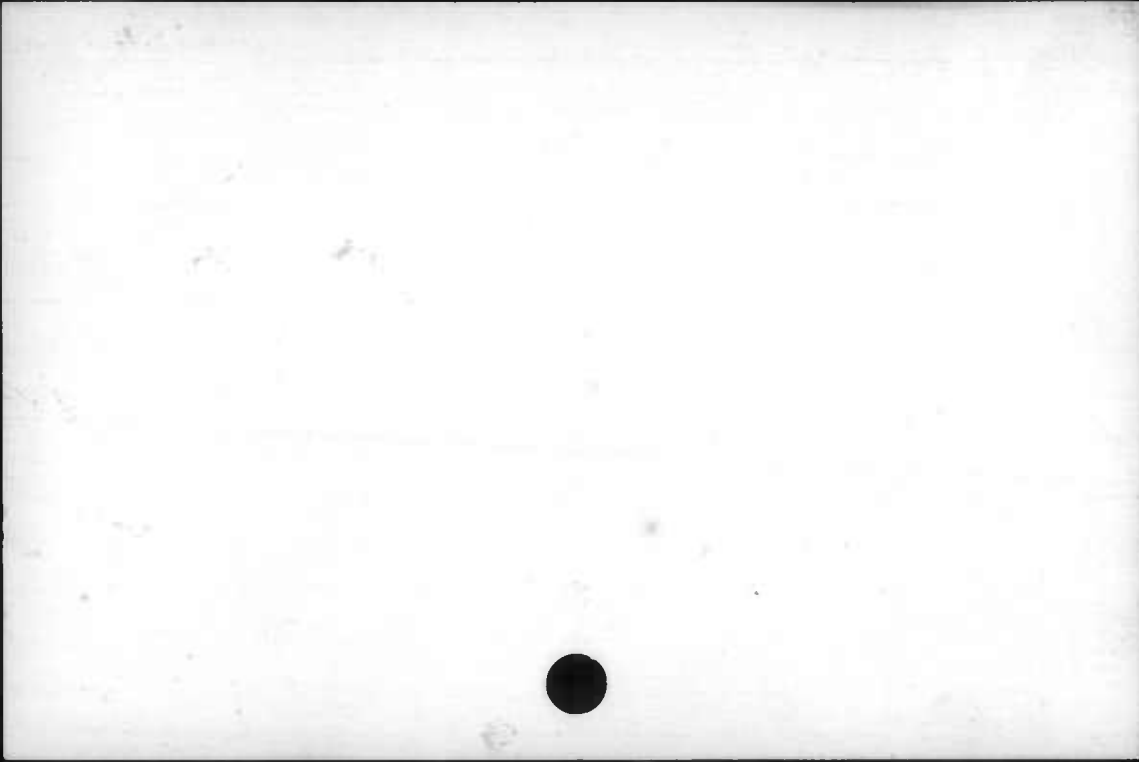
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Howard Brouse* Father's Birthplace *Garroll Ind.*
Mother's Maiden Name *Lina Bowersox* Mother's Birthplace *Garroll Ind.*
Name of person giving Information *Howard Brouse* How related to deceased *Father*

CAUSES OF DEATH

6 ✓

PHYSICIAN
OR CORONER

Primary *Measles* How long *3 days*
Immediate *Broncho Pneumonia* How long *4 days*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *L. Lewis Wetzel*
Address *Union Mills Maryland*
Accident or Suicide



Name
in
Full

Eliza Dorsey -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

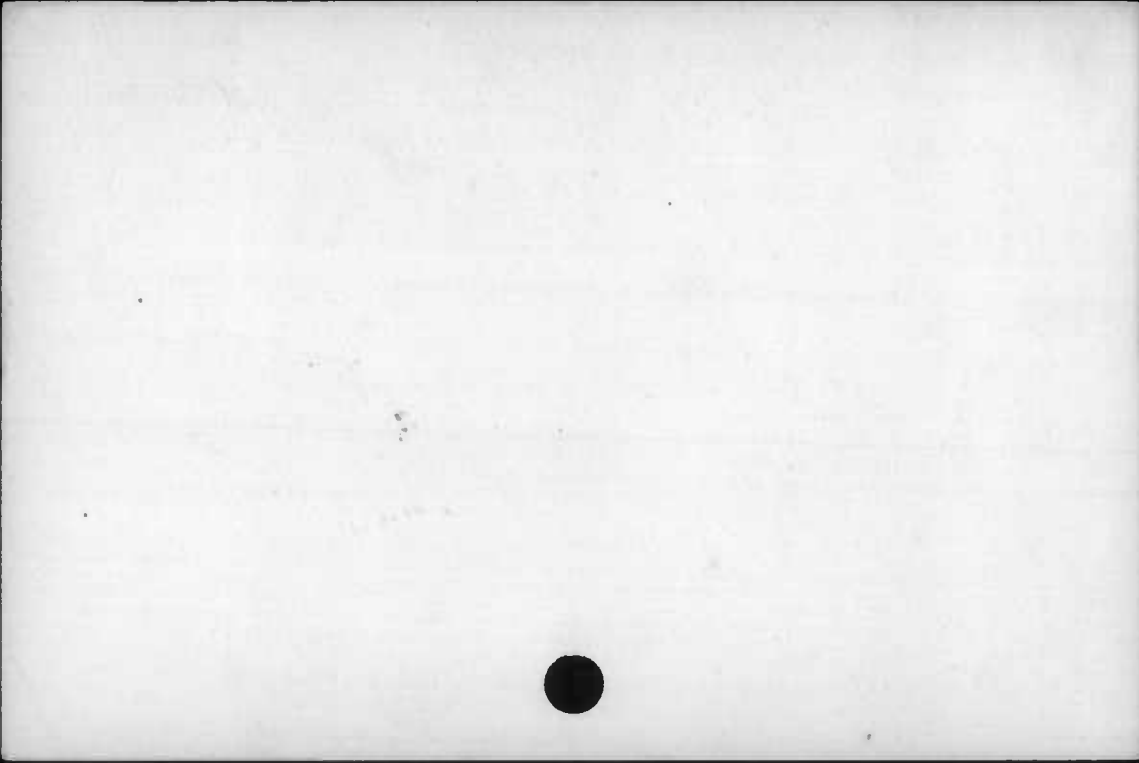
Died at <i>West Falls -</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1990</i>	Month <i>Feb</i>	Day <i>91 -</i>	Years <i>50</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Not known</i>	
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>unknown -</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Robert M Jones -</i>			How related to deceased <i>Nephew -</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>four days</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>twelve hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. T. Cronk.</i>
	Address <i>Mt. Airy</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

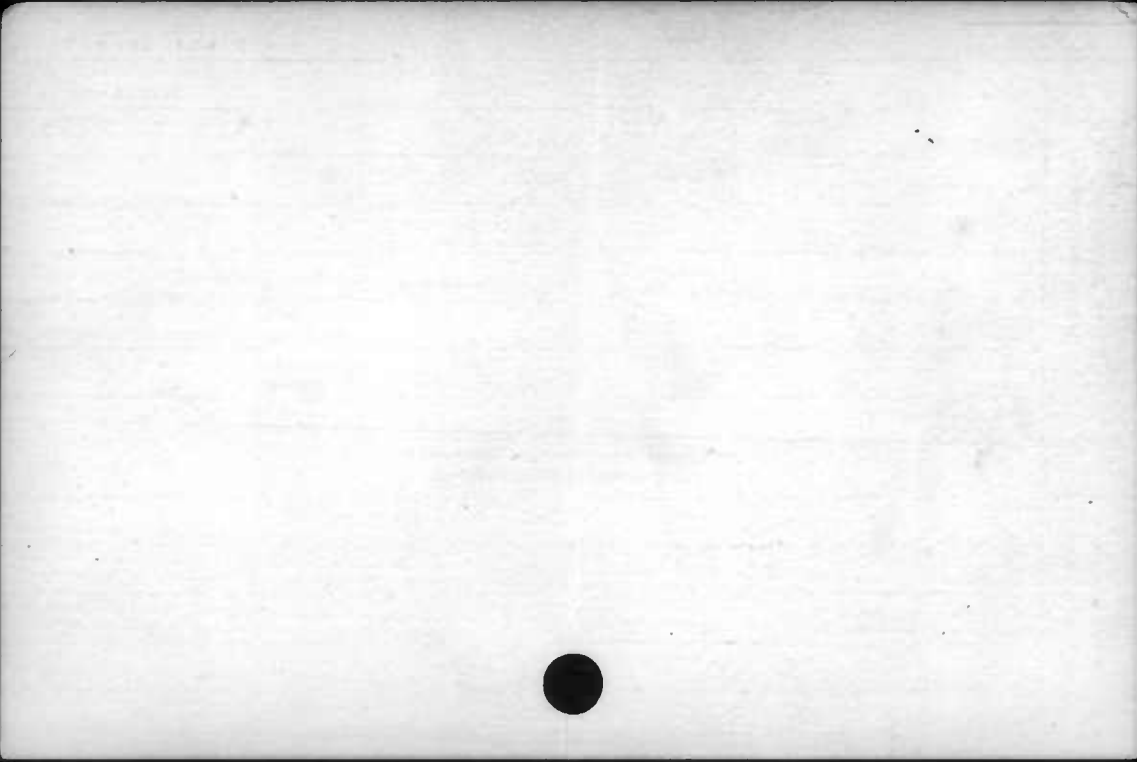
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Henrietta Dorsey</i>		Town <i>Freedom</i>		County <i>Carroll</i>		MARYLAND	
Died <i>near Freedom</i>							
Date of death <i>1900</i>	Month <i>Feb.</i>	Day <i>4</i>	Age <i>66</i>	Years <i>3</i>	Months <i>24</i>	Days <i>24</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Md.</i>					
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Augustus Dorsey</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Martha C. Thomas</i>		Mother's Birthplace <i>Va</i>					
Name of person giving Information <i>P. D. Dorsey</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long <i>5 yrs.</i>
Immediate	<i>Asthma (Cardiac)</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>W. D. Morris</i>
		Address <i>Eldersburg</i>
Accident or Suicide	<i>no.</i>	



Name in Full		Andrew F Fowler				569		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Westminster	County Carroll		MARYLAND			
		Date of death		1940	Month Feb	Day 26	Age 79	Years 9	Months 21	Days
		Sex		Male		Color or Race		White		Birth-place
		Occupation		Laborer		Where Residing if not at place of death		Maryland		
		Married, Single or Widowed		Widowed		Name of Wife or Husband		Catharine E Loohey		
		Father's Name		Edward Fowler		Father's Birthplace		Maryland		
PHYSICIAN OR CORONER		Mother's Maiden Name		Don't know		Mother's Birthplace		Unknown		
		Name of person giving information		Wm Fowler		How related to deceased		Son		
		CAUSES OF DEATH				64 ✓				
PHYSICIAN OR CORONER		Primary		Apoplexy		How long		18 hours		
		Immediate		Heart failure		How long				
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. J. Bowman		
						Address		Westminster		
		Accident or Suicide?								

Sharon

St John's Catholic Cemetery

Name
in
Full

563

CERTIFICATE OF DEATH

Mary Belle Catherine Frock

Town

County

MARYLAND

Died at

Frostminister

Carroll

Date
of death

1900

Month

Feb

Day

8

Age

Years

1

Months

2

Days

6

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

—

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John P. Frock

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Ellen Brown

Mother's
Birthplace

Maryland

Name of person giving
Information

John P. Frock

How related
to deceased

Father.

CAUSES OF DEATH

6

✓

Primary

Measles

How long

Immediate

Bronchitis

How long

One week

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John J. Starnes
Frostminister
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

St. Benignus Cemetery
Stoner,

Name
in
Full

561

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Florence V Glover
 Town *near Grist* County *Carroll*

MARYLAND

Died at *near Grist* *Carroll*
 Date of death 19*10* *Feb* *14* Age *45* Months *11* Days *11*

Sex *Female* Color or Race *White* Birthplace *Maryland*

Occupation *House wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Frank M. Glover*

Father's Name *John Stewart* Father's Birthplace *Maryland*

Mother's Maiden Name *Aretta Green* Mother's Birthplace *Dec*

Name of person giving Information *Frank M. Glover* How related to deceased *Husband*

CAUSES OF DEATH

27

Primary *Tuberculosis of Lungs & Throat* How long *Several Years*

Immediate *Heart Failure* How long *A Few weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Jas. H. Bellings, M.D.
Washington

Accident or Suicide

*No -*PHYSICIAN
OR CORONER

Green Park Chapel

Chas. W. W.

Name
in
Full

Charlotte Grimes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Day County Carroll **MARYLAND**

Died at Day Month Feb. Day 24 Age 45 Years 6 Months 29 Days

Date of death 1900

Sex Female Color or Race white Birth-place Maryland

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Thomas G Grimes

Father's Name Gasaway G Gosnell Father's Birthplace Maryland

Mother's Maiden Name Lusan R Tanner Mother's Birthplace Maryland

Name of person giving Information Thomas G Grimes How related to deceased Husband

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

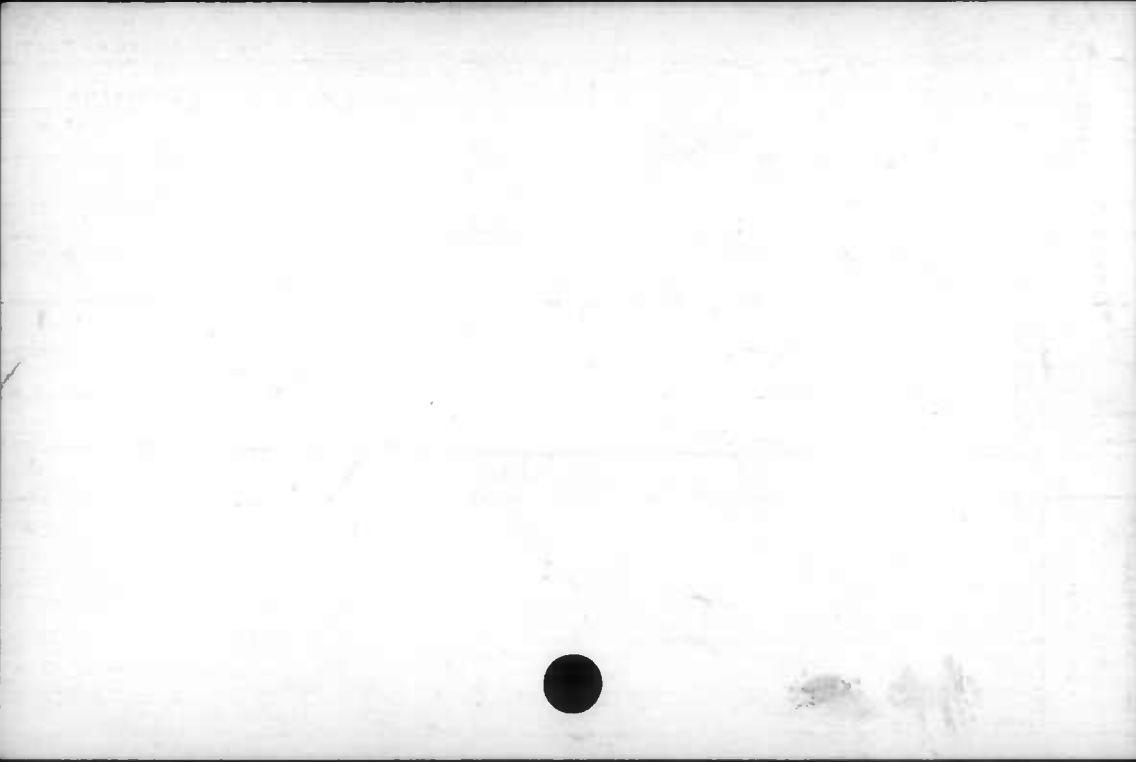
Primary Abortion How long —

Immediate Septic metritis How long 7 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E D Cronk Address Winfield Carroll Co,

Accident or Suicide



Name
in
Full

William H. Grimes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Gist</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>2</i>	Day <i>27</i>	Age <i>14</i>	Months <i>—</i>	Days <i>25</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farming</i>		Where Residing if not at place of death <i>near Gist, Md.</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>William H. Grimes</i>	Father's Birthplace <i>Carroll Co., Md.</i>				
Mother's Maiden Name <i>Sarah Williams</i>	Mother's Birthplace <i>Balto. City.</i>				
Name of person giving information <i>William H. Grimes</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>"</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E D Brock</i>
	Address <i>Winfield Carroll Co.</i>
Accident or Suicide?	

Harmony Grove

Name
in
Full

Roderick E. Hand

CERTIFICATE OF DEATH

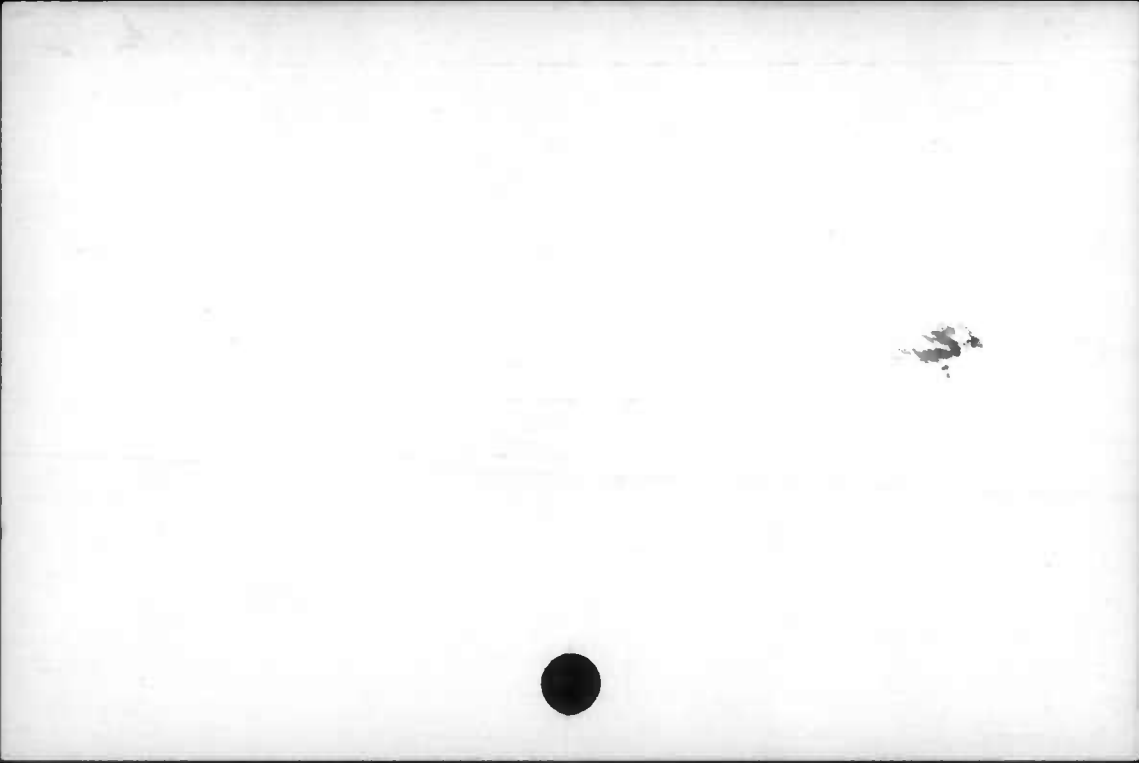
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1980 Feb 13</i>		Age <i>34</i>		Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Ind.</i>			
Occupation <i>Builder - mason</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>R. H. Hand</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Sarah</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Hospital record</i>		How related to deceased			

CAUSES OF DEATH

Primary	<i>General Paralysis</i>	How long <i>9 months</i>
Immediate	<i>Exhaustion & Cystitis</i>	How long <i>about 4 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. J. Casey</i>
		Address <i>Sylvesterville Ind.</i>
Accident or Suicide <i>No</i>		

PHYSICIAN
OR CORONER



Name
in
Full

562
CERTIFICATE OF DEATH

Samuel. H Herr

Town

County

MARYLAND

Died at Westminster

Carroll

Date

of death

1900

Month

Feb

Day

14

Age

68

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Pennsylvania

Occupation

Post Master

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Emily Buckingham

Father's
Name

Emanuel Herr

Father's
Birthplace

Penn^a

Mother's
Maiden Name

Anna Esphenshade

Mother's
Birthplace

do

Name of person giving
Information

Frank H Herr

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Angina Pectoris

How long

18 hours

Immediate

"

How long

18 "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

L. K. Woodward

Address

Westminster

Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Westminster Cemetery .
Shannon

Name
in
Full

CERTIFICATE OF DEATH

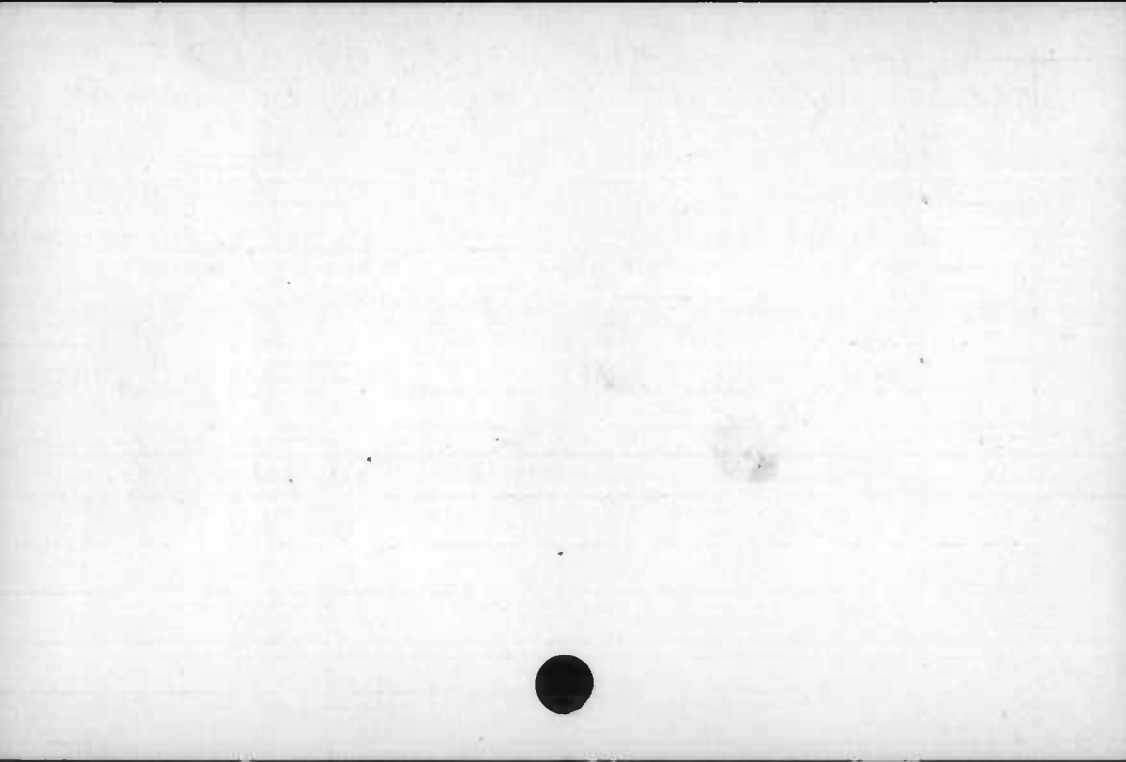
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Harriet L. Hill		Town Taneytown		County Carroll		MARYLAND	
Died at		Date of death 1900 Feb 19		Age 62		Months 10 Days 1	
Sex Female		Color or Race White		Birth-place Federick Co Md			
Occupation Housewife		Where Residing if not at place of death Home of Son Taneytown					
Married, Single or Widowed Married		Name of wife or Husband Gudson Hill					
Father's Name Jacob Shoemaker		Father's Birthplace Carroll Co Md					
Mother's Maiden Name Margaret Sell		Mother's Birthplace Federick Co					
Name of person giving information Homer Hill		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralytic Stroke	How long	few minutes
Immediate	Hemi Plegia	How long	2 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C. M. Berner M.D.	
		Address Taneytown Md	
Accident or Suicide? —			



Name in Full Benjamin F. Hooper.		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at near Winfield Town	Carroll County	
	MARYLAND		
	Date of death 1900	Month 2	Day 1
	Age 55	Years	Months 5
	Sex Male	Color or Race White	Birth-place Maryland
	Occupation Farmer	Where Residing if not at place of death near Winfield, Md.	
	Married, Single or Widowed Widower	Name of Wife or Husband Eugenia P. Hooper deceased	
Father's Name William M. Hooper deceased	Father's Birthplace Carroll Co. Md.		
Mother's Maiden Name Elizabeth Charlotte	Mother's Birthplace Carroll Co. Md.		
Name of person giving information Blanche Kelly	How related to deceased Daughter.		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia	How long 3-4 days	
	Immediate "	How long "	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. D. Crunk	
		Address Winfield Carroll Co.	
	Accident or Suicide?		

Bethel

Name
in
Full

CERTIFICATE OF DEATH

Jennie B. Hughes

Town

County

Died at

Haights

Carroll

MARYLAND

Date

of death 1900

Month

Feb

Day

16

Years

Age 75

Months

-

Days

-

Sex

Female

Color or
Race

White

Birth-
place

Carroll Co. Md

Occupation

Housewife

Where Reading If not
at place of death

same

~~Married, Single~~
WidowedName of Wife or
Husband

Chas. L. Hughes

Father's
Name

Perry Bennett

Father's
Birthplace

Md.

Mother's
Maiden Name

Eleanor Higgins

Mother's
Birthplace

Md.

Name of person giving
Information

Bessie Shipley

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

4 days.

Immediate

—

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

M D Morris

Address

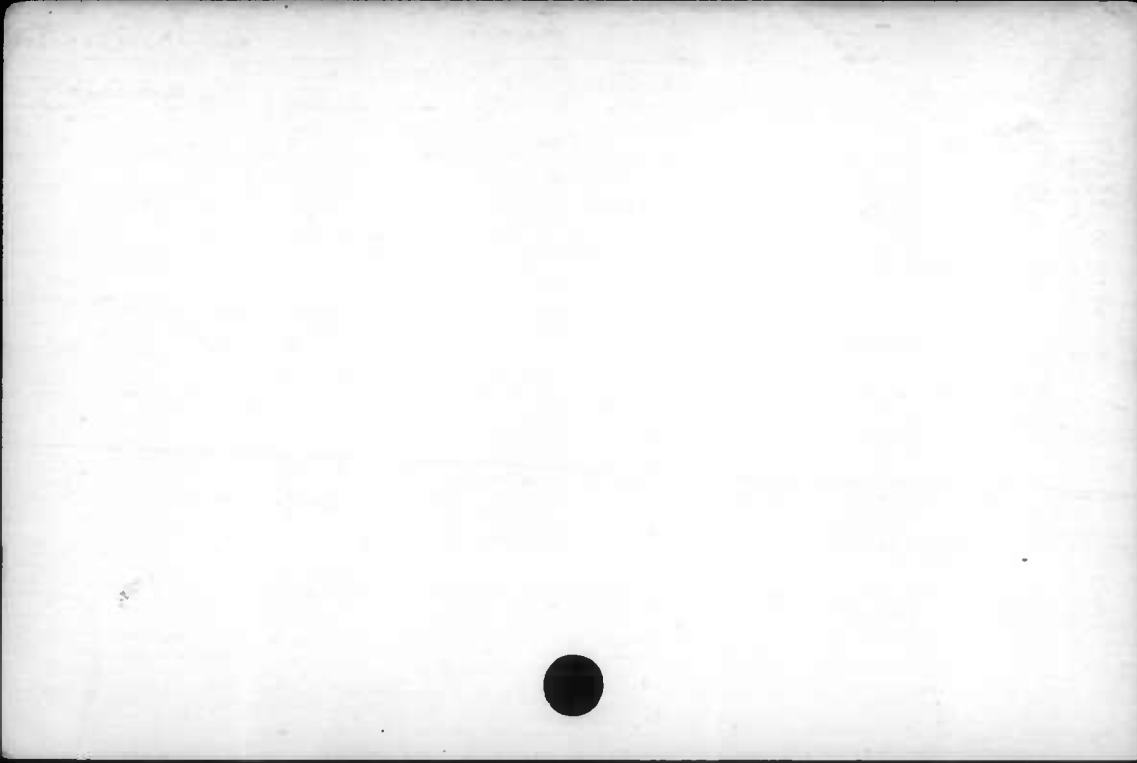
Eldersburg

Accident or Suicide

no

Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Floyd Herr Hull

567
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death	1900	Month Feb	Day 28	Age 2	Years 2	Months 6	Days 4
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Frederick W. Hull				Father's Birthplace	Maryland	
Mother's Maiden Name	Bessie M. Herr				Mother's Birthplace	Maryland	
Name of person giving Information	Mrs Bessie M. Hull				How related to deceased	Mother.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho-Pneumonia		How long	9P 6 Weeks
Immediate	Meningitis - Convulsions		How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Chas R. Jantz
			Address	Westminster Md
Accident or Suicide	no			

Ogganton

Name
in
Full

Frederick Hull

564

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Westminister		Carroll		MARYLAND			
Date of death	Month	Day	Age	Years	Months	Days	
1960	Feb	10	30		11	11	
Sex	Male		Color or Race	White		Birthplace	Maryland
Occupation	Clerk		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Bessie M. Hull			
Father's Name	Daniel L. Hull				Father's Birthplace	Maryland	
Mother's Maiden Name	Ida A. Henkey				Mother's Birthplace	Maryland	
Name of person giving Information	Daniel L. Hull				How related to deceased	Father	

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis -	How long	10 months
Immediate	Heart Failure	How long	15 minutes
Are the name, age, sex, color, date and place correctly given above?		yrs	
Signature of Physician		H. B. Bar	
Address		Westminister Md	
Accident or Suicide			

Greagerstown Cemetery,
Stoner,

Name
In
Full

CERTIFICATE OF DEATH

Morgan Hutchins Jr

Town

County

MARYLAND

Died at *Garrettsville*

Carroll

Date

Month

Day

Years

Months

Days

of death 1940.

Feb

3

Age

—

Sex

Male

Color or
Race

negro

Birth-
place

Aboue

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

Father's
Name

Morgan Hutchins

Father's
Birthplace

Ind

Mother's
Maiden Name

Mary Irene West

Mother's
Birthplace

Ind.

Name of person giving
In formation

Morgan Hutchins

How related
to deceased

Father

CAUSES OF DEATH

(S)

✓

Primary

Stillborn

How long

Immediate

Don't know.

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

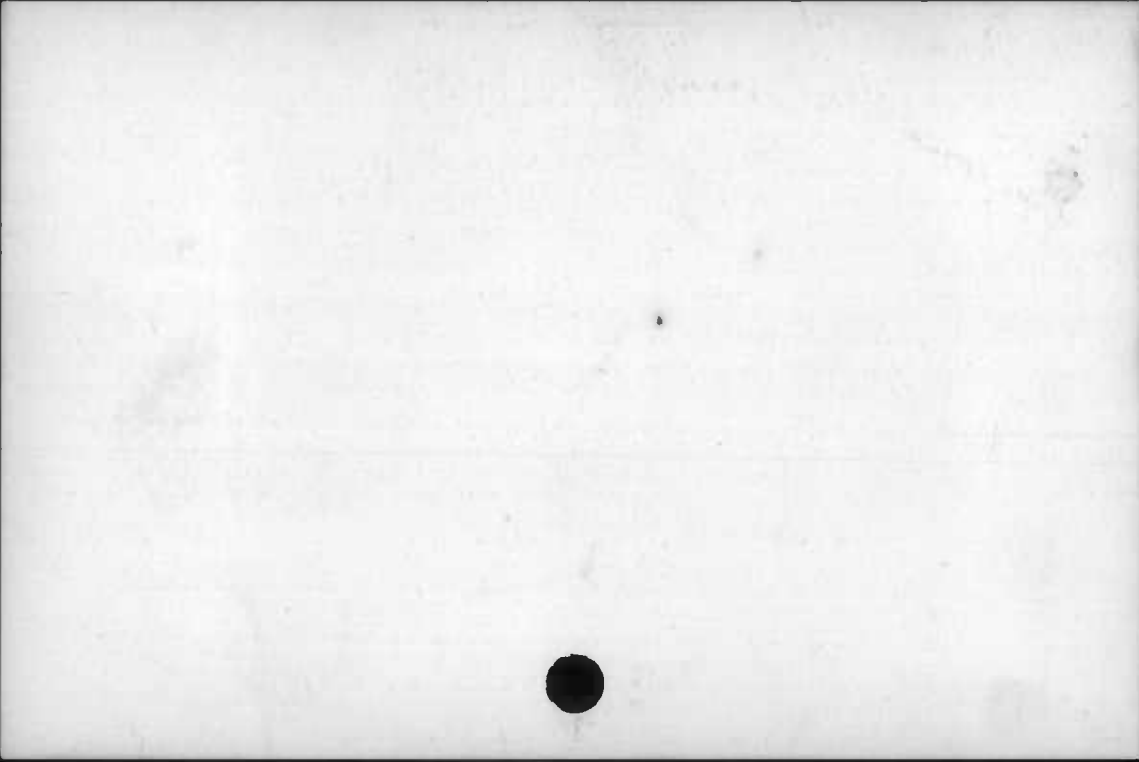
J. W. Lacy
Lebanon

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Robert L. Repel

TO BE ANSWERED BY
NEAREST FRIEND

Diad et Hampstead Town Cumby County **MARYLAND**
 Date of death 1990 Feb Month 22 Day Age 2 Months 2 Days
 Sex Male Color or Race White Birth-place Hampstead
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Calvin Repel

Father's Birthplace

Manchester

Mother's Maiden Name

Annie Lee

Mother's Birthplace

Delaware

Name of person giving Information

Calvin Repel

How related to deceased

Father

CAUSES OF DEATH

150

Primary

Open Heart

How long

2 days

Immediate

convulsions

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Preston M.D.
Hampstead
MD

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Leroy Edward Stuffle

559

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Bathmansvalley* Town *Carroll* County *MARYLAND*
Date of death *1980* Month *Feb* Day *2* Age *2* Years *2* Months *23* Days
Sex *Male* Color or Race *White* Birth-place *Maryland*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____
Father's Name *George W. Stuffle* Father's Birthplace *Maryland*
Mother's Maiden Name *Mary E. Lippie* Mother's Birthplace *Maryland*
Name of person giving Information *George W. Stuffle* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *Two weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *John J. Stewart*
Address *Wilmington Ind*

Accident or Suicide

Silver Run Cemetery
Stoner

Name
in
Full

CERTIFICATE OF DEATH

Lilly May Lindner

Town

County

MARYLAND

Died at Springfield State Hosp Carroll

Date

of death

1900

Feb

22nd

Age

30

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Inds

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Hosp. Records

How related
to deceased

CAUSES OF DEATH

Primary

Perforation of stomach from ulcer

How long

?

Immediate

General Peritonitis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. H. Snavely

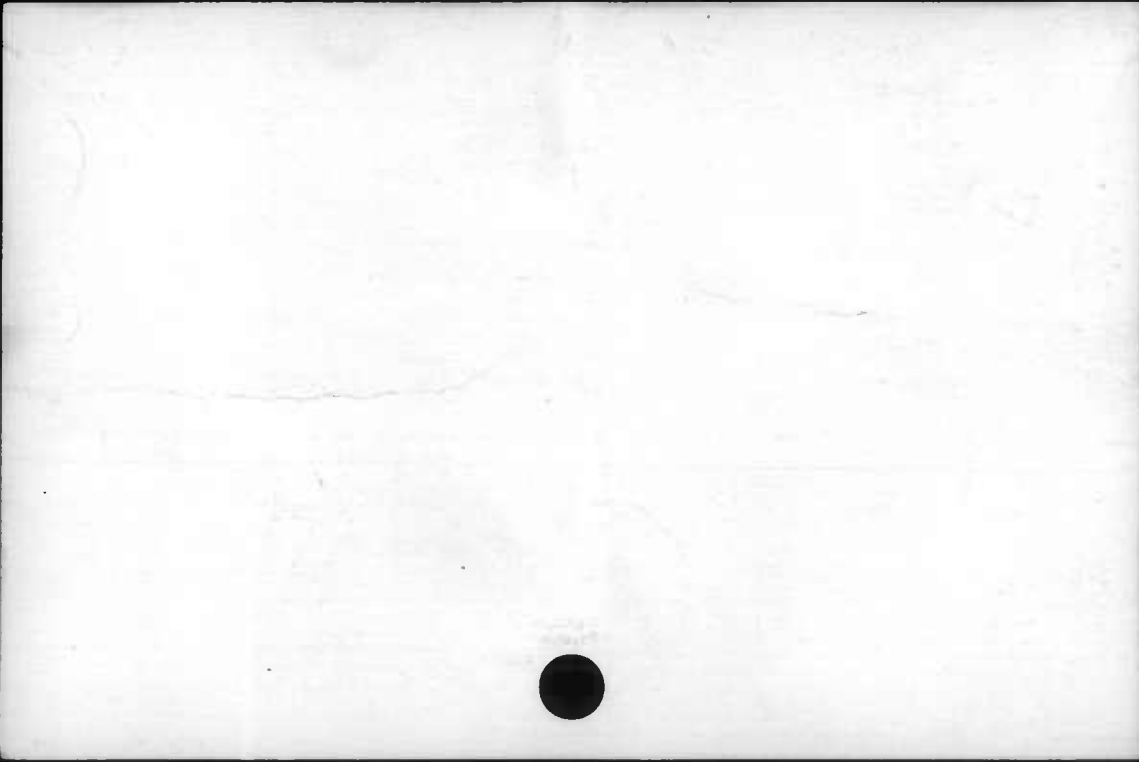
Address

Springfield State Hosp
Lykenville, Ind

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

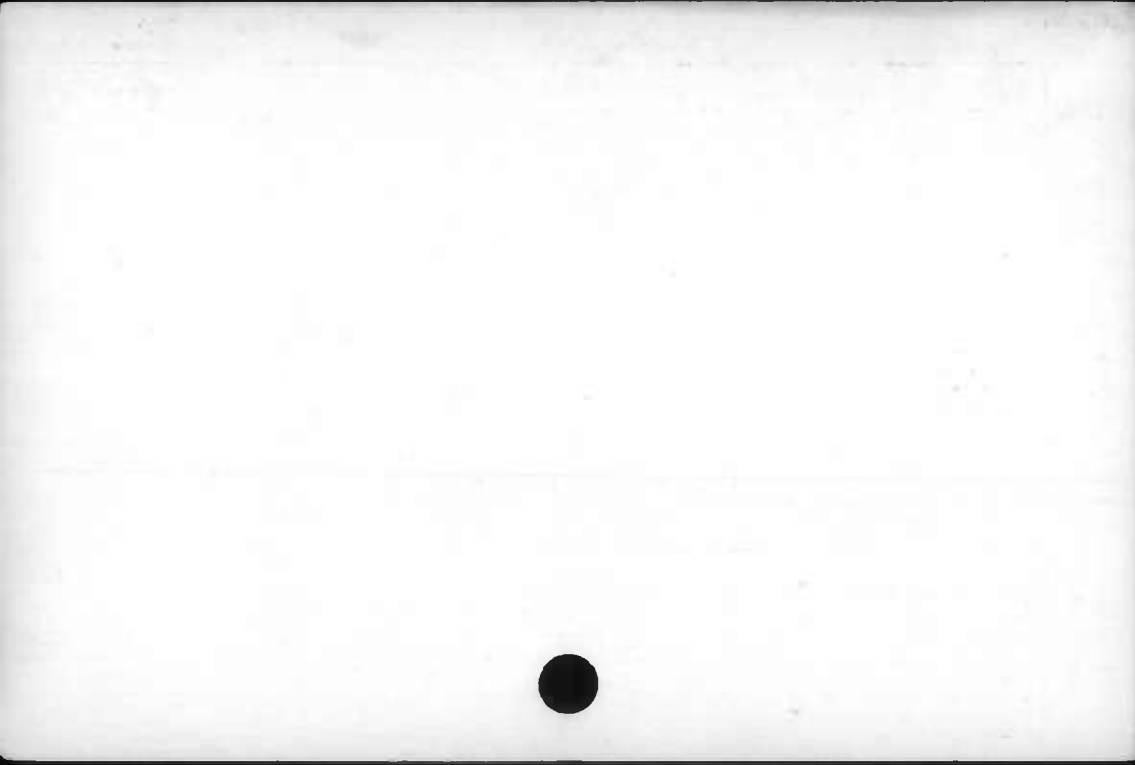
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Cornelius Lippy</i>		Town <i>Hampstead</i>		County <i>Carroll</i>		MARYLAND					
Died at <i>Hampstead</i>		Month <i>Feb</i>		Day <i>23</i>		Years <i>63</i>		Months <i>1</i>		Days <i>2</i>	
Date of death <i>1930</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Carroll Co.</i>					
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed		Name of Wife or Husband <i>Emily J. Lippy</i>									
Father's Name <i>Joseph Lippy</i>		Father's Birthplace <i>Unknown</i>									
Mother's Maiden Name <i>Elizabeth Shaffar</i>		Mother's Birthplace <i>Unknown</i>									
Name of person giving Information <i>Emily J. Lippy</i>		How related to deceased <i>Wife</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>2 years</i>
Immediate <i>Convulsions</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. E. Wells</i>
	Address <i>Hampstead Md</i>
Accident or Suicide	



Name
in
Full

560
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Joshua Lockard</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Westminster</i>		Month <i>Feb</i>		Day <i>3</i>		Years <i>60</i>	
Date of death <i>1940</i>		Month <i>Feb</i>		Day <i>3</i>		Years <i>60</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>—</i>	
Occupation <i>Well. Kriker</i>		Where Residing if not at place of death <i>—</i>		Days <i>12</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Kate L Lloyd</i>		Father's Birthplace <i>Maryland</i>			
Father's Name <i>Joshua Lockard</i>		Mother's Maiden Name <i>Julia A. Beaver</i>		How related to deceased <i>Wife</i>			
Name of person giving Information <i>Kate L Lockard</i>							

CAUSES OF DEATH

Primary <i>Bright's Disease</i>	How long <i>Don't know</i>
Immediate <i>Uremic Convulsions</i>	How long <i>30 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Coonam</i>
	Address <i>Westminster Md.</i>
Accident or Suicide	

Westminster Concord
Shaver

Name
in
Full

Wm. A. McCay

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Springfield Hospital

Carroll

Date
of death

1900 Feb.

Day

4th

Age

Years

49

Months

Days

Sex

M

Color or
Race

White

Birth-
place

D.C.

Occupation

Salesman

Where Residing if not
at place of deathMarried, Single
or Widowed

Unknown

Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
Information

Hospital record

How related
to deceased

CAUSES OF DEATH

18

✓

Primary

Facial erysipelas

How long

28 days

Immediate

Broncho-pneumonia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Not positive

Signature of
Physician

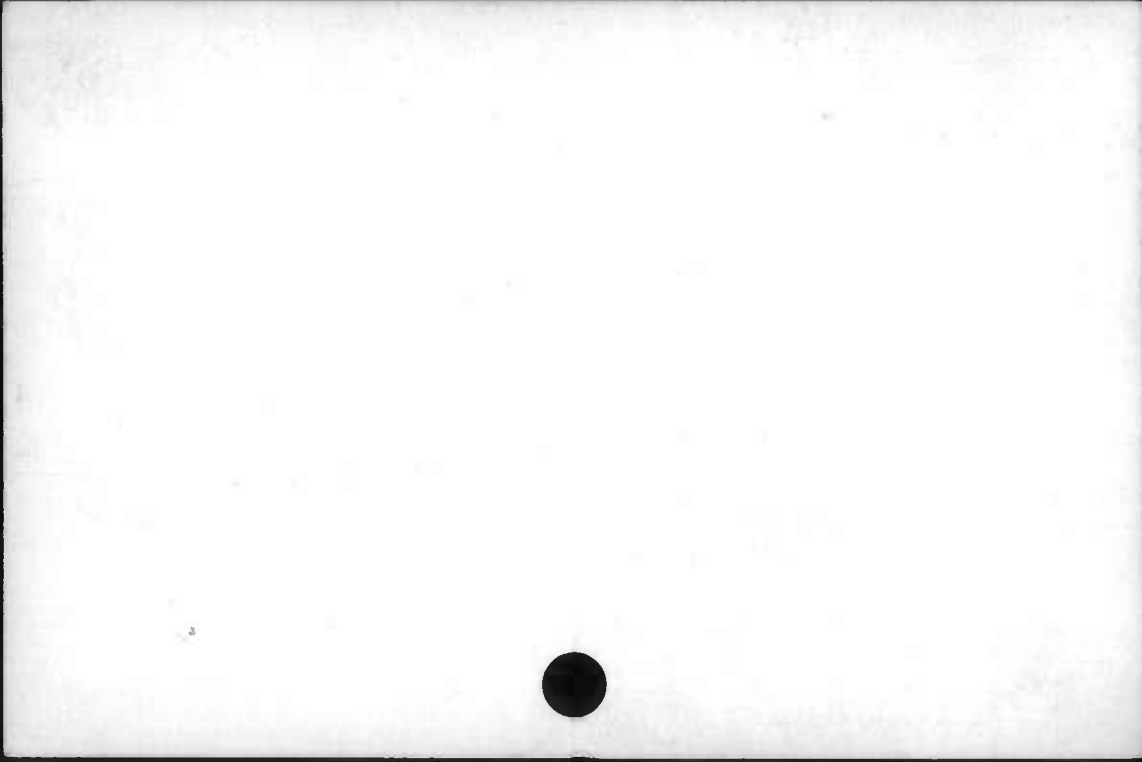
Address

Chas. J. Casey
Sykesville Md.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Raymond Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tyrone</i> ^{Town} <i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>9:00</i>	<i>Feb</i> ^{Month}	<i>14</i> ^{Day}	<i>8</i> ^{Months} <i>1</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Carroll Co Md</i>	
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Ernest R. Myers</i>	Father's Birthplace <i>Carroll Co Ind</i>		
Mother's Maiden Name <i>Mary Hull</i>	Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Joseph Myers</i>	How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

(6)
How long *4 days*
How long *5 hours*

PHYSICIAN
OR CORONER

Primary <i>Measles & Diphtheria</i>	How long <i>4 days</i>
Immediate <i>Spasms</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Penner M.D.</i>
	Address <i>Daneyton Md.</i>
Accident or Suicide? <i>—</i>	

Berest. Blumch

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

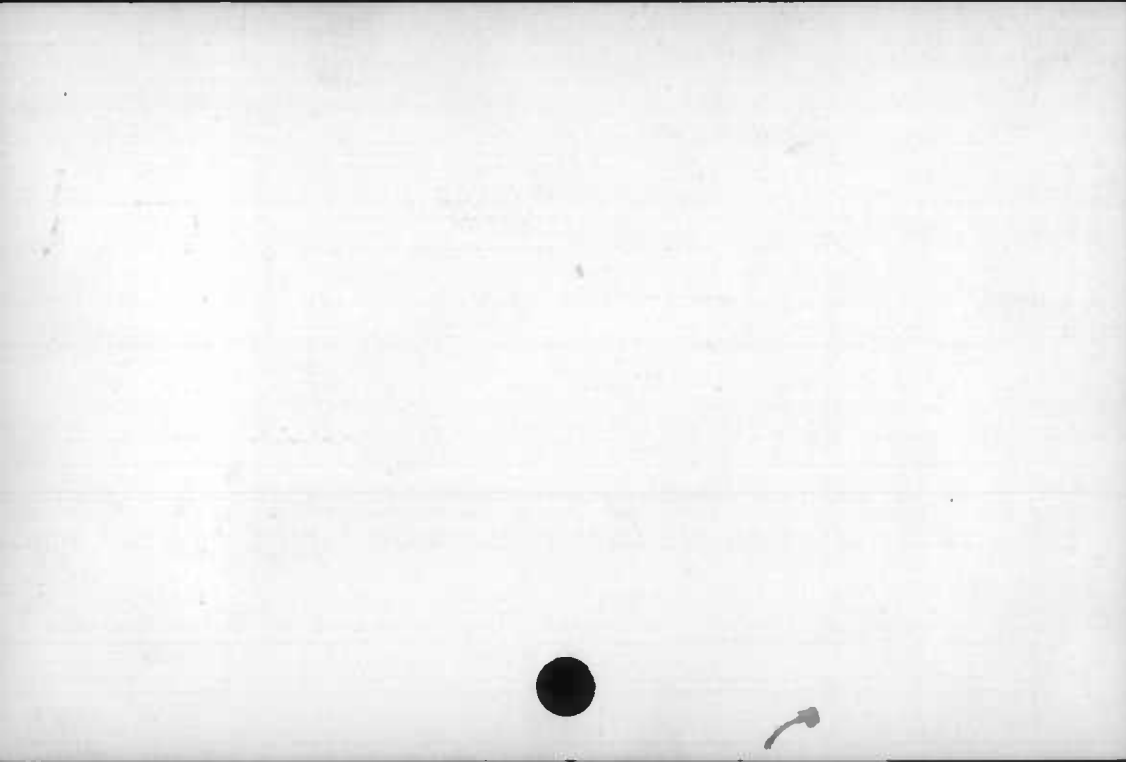
MARYLAND

Died at <u>Town</u> <u>Hampstead</u> <u>County</u> <u>Carroll</u>						
Date of death <u>1940</u>	Month <u>2</u>	Day <u>9</u>	Age <u>50</u>	Years <u>8</u>	Months <u>21</u>	Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Fowbleburg, Md.</u>				
Occupation <u>Labour</u>	Where Residing if not at place of death <u>Hampstead, Md.</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Anserena Harris</u>					
Father's Name <u>Jacob Myers</u>	Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Emily Loudenslager</u>	Mother's Birthplace <u>Unknown</u>					
Name of person giving information <u>Charles J. Myers</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

Primary <u>Pulmonary Tuberculosis</u>	How long <u>3 yrs</u>
Immediate <u>Heart Failure</u>	How long <u>Suddenly</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edgar M. Bush M.D.</u>
	Address <u>Hampstead, Md.</u>
Accident or Suicide? <u>X No.</u>	

PHYSICIAN
OR CORONER



Name
in
Full

Charles Niner

558
CERTIFICATE OF DEATH

Died at Smallwood Carroll County

MARYLAND

Date of death 1940 Feb 2 Age 78 Months — Days 17

Sex Male Color or Race White Birth-place Germany

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Rickey Niner

Father's Name Don't Know

Father's Birthplace Don't Know

Mother's Maiden Name Don't Know

Mother's Birthplace Don't Know

Name of person giving information John Niner

How related to deceased Son

CAUSES OF DEATH

Primary Asthma & Heart Disease How long 6 months

Immediate Murder by shooting of foot How long 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. B. Batts
and family
MD

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hees Park cemetery
Stoner.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

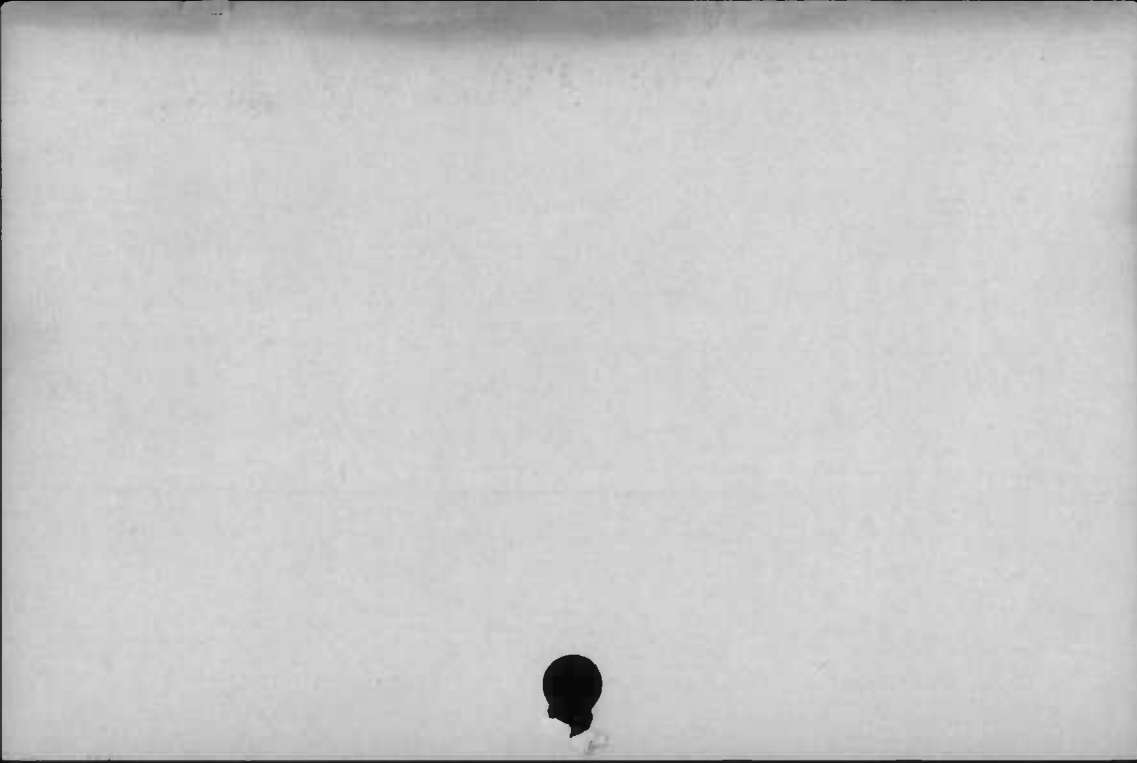
Died at <i>Berrett</i> <small>Town</small>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>1</i>	Month <i>Feb</i>	Day <i>5</i>	Age <i>74</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Fredrick.co</i>		
Occupation <i>farmer</i>		Where Residing, if not at place of death <i>Berrett</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Rachel P. Brandenburg</i>				
Father's Name <i>John Penn</i>	Father's Birthplace <i>Mont. co</i>		Mother's Birthplace <i>Mont. co</i>		
Mother's Maiden Name <i>Ann Crawford</i>	Name of person giving information <i>Rachel P. Penn</i>		How related to deceased <i>wife</i>		

CAUSES OF DEATH

124

PHYSICIAN
OR CORONER

Primary <i>Chronic Cystitis</i>	How long <i>3 yrs</i>
Immediate <i>Uremia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. D. Crunk</i>
	Address <i>Winfield Carroll co.</i>
Accident or Suicide?	



Name
in
Full

Anna Louise Petry

570

CERTIFICATE OF DEATH

Died at *Westminster* ^{Town} *and* ^{County} *rowee* MARYLAND

Date of death 19*40* Month *Feb* Day *22* Age *77* Years Months *5* Days *20*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housekeeper* Where Residing if not at place of death *Home*

Married, Single or Widowed *Widow* Name of Wife or Husband *Jacob, Petry*

Father's Name *Daniel Shaeffer* Father's Birthplace *Maryland*

Mother's Maiden Name *Helen Flickinger* Mother's Birthplace *Maryland*

Name of person giving Information *Harvey Petry* How related to deceased *Son*

CAUSES OF DEATH

Primary *Infirmities old age,*

Immediate *exhaustion*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. F. Shapley M.D.*
Address *Westminster Maryland*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

154

How long

How long

Meadow Branch Cem
Stoner

Name
in
Full

Annon C. Price

CERTIFICATE OF DEATH

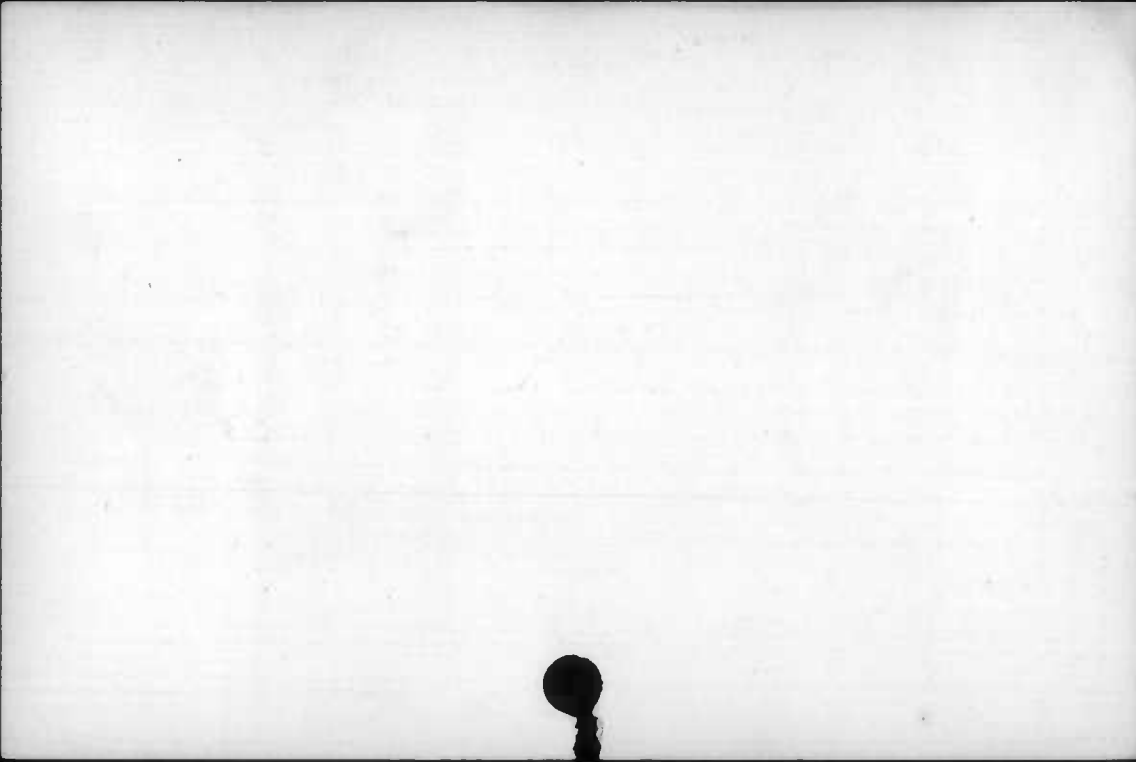
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hampstead.</i>		Town <i>Carroll.</i>		County		MARYLAND	
Date of death	19 <i>40</i>	Month <i>2</i>	Day <i>19</i>	Age <i>84</i>	Years	Months <i>10</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hampstead, Md</i>				
Occupation <i>Retired Schoolteacher</i>	Where Residing if not at place of death <i>Hampstead, Md.</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Elizabeth Price</i>						
Father's Name <i>John Price</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Catherine Callender</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>Mrs F. L. Hann</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>2 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Edgar M. Bush</i>
	Address <i>Hampstead, Md</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

Susan Reese

565
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminister ^{County} Carrolle MARYLAND

Date of death 1960 ^{Month} Feb. ^{Day} 18 ^{Age} 44 ^{Years} ^{Months} 5 ^{Days} 7

Sex Female Color or Race White Birth-place Maryland

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Henton Reese

Father's Name George C. Stansbury Father's Birthplace Maryland

Mother's Maiden Name Mary Hontz Mother's Birthplace Maryland

Name of person giving Information Henton Reese How related to deceased Husband

CAUSES OF DEATH

Primary

Pneumonia

How long

14 Days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John J. Stewart
Westminister

Accident or Suicide

PHYSICIAN
OR CORONER

St. Benjamin's Cemetery.
Stouev

Name
in
Full

George C. Richards

CERTIFICATE OF DEATH

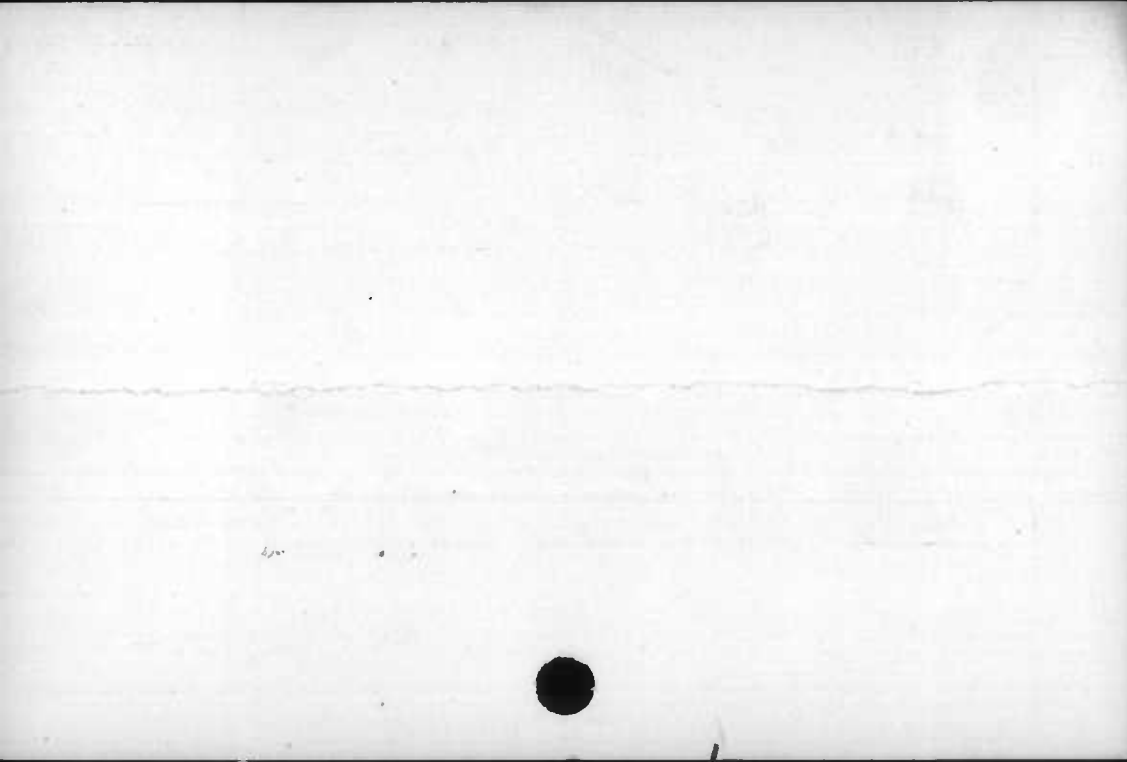
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		2	16	71		11	15
Sex		Color or Race		Birth-place			
Male		White		Canroll Co			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Alice Richards					
Father's Name		Father's Birthplace					
Daniel Richards		Canroll Co					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Craft		England					
Name of person giving information		How related to deceased					
Alice Richards		Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Internal Regurgitation & Dropsy		2 yrs	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. H. Sherman M.D.	
		Address	
		Manchester	
		Md	
Accident or Suicide?			



Name
in
Full

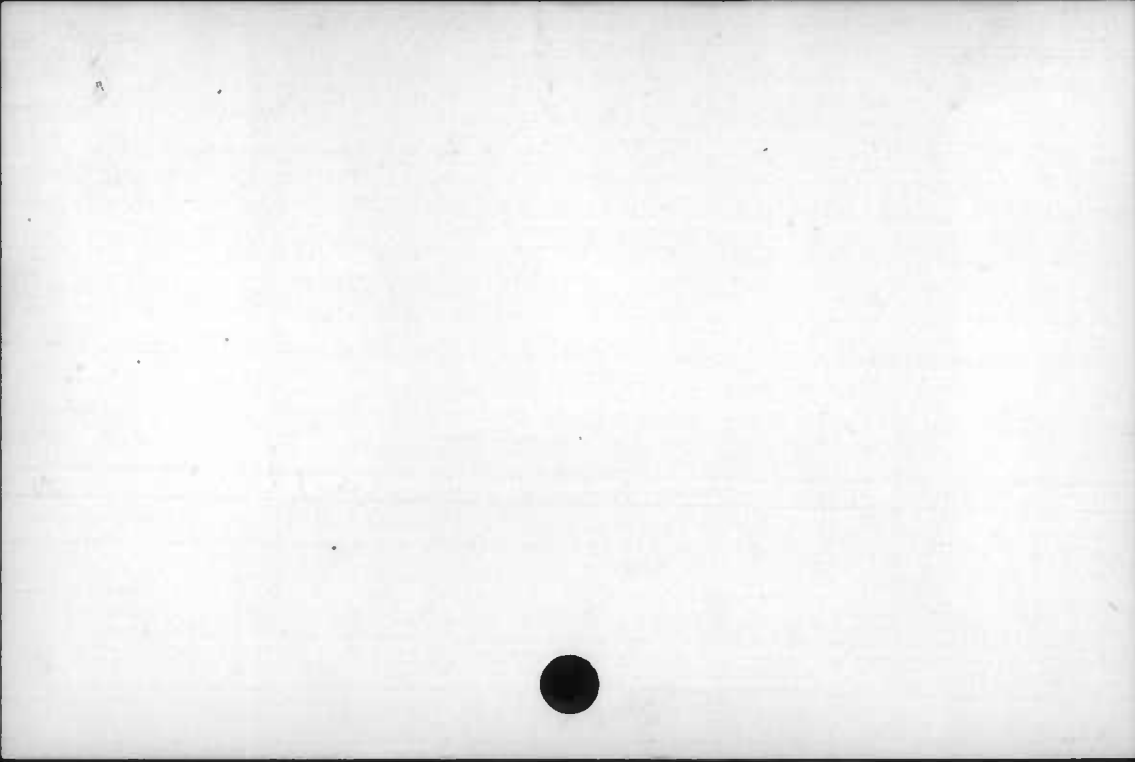
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Clara Boop</i>		Town <i>Near Keyserville</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Near Keyserville</i>		Date of death <i>1940 Feb 17</i>		Age <i>63</i>		Months <i>—</i> Days <i>20</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Taneytown Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Keyserville</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Charles Boop</i>					
Father's Name <i>George Milley</i>		Father's Birthplace <i>Carroll Co Md</i>					
Mother's Maiden Name <i>Eliza Silaplane</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Mrs Roy Dix</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Cerebral Hemorrhage</i>	How long <i>6 hours.</i>
	Immediate <i>Failure of Respiration</i>	How long <i>1 hour.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. A. Seiss.</i>
	Address <i>Taneytown, Md.</i>	
Accident or Suicide? <i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

Frederick Rupert

Town

County

MARYLAND

Died at Springfield State Hosp.

Carroll

Date

of death

190

Month

Feb.

Day

27

Age

Years

40

Months

8

Days

27

Sex

M.

Color or
Race

W.

Birth-
place

Lorraine France

Occupation

Cook

Where Residing if not
at place of death

At place of death.

Married, Single
or Widowed

Single

Name of Wife or
HuabandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Hospital Record

How related
to deceased

(28) ✓

CAUSES OF DEATH

Primary

Laryngeal & Pulmonary Tuberculosis

How long

About 3 yrs?

Immediate

Tuberculous Peritonitis.

How long

About 1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

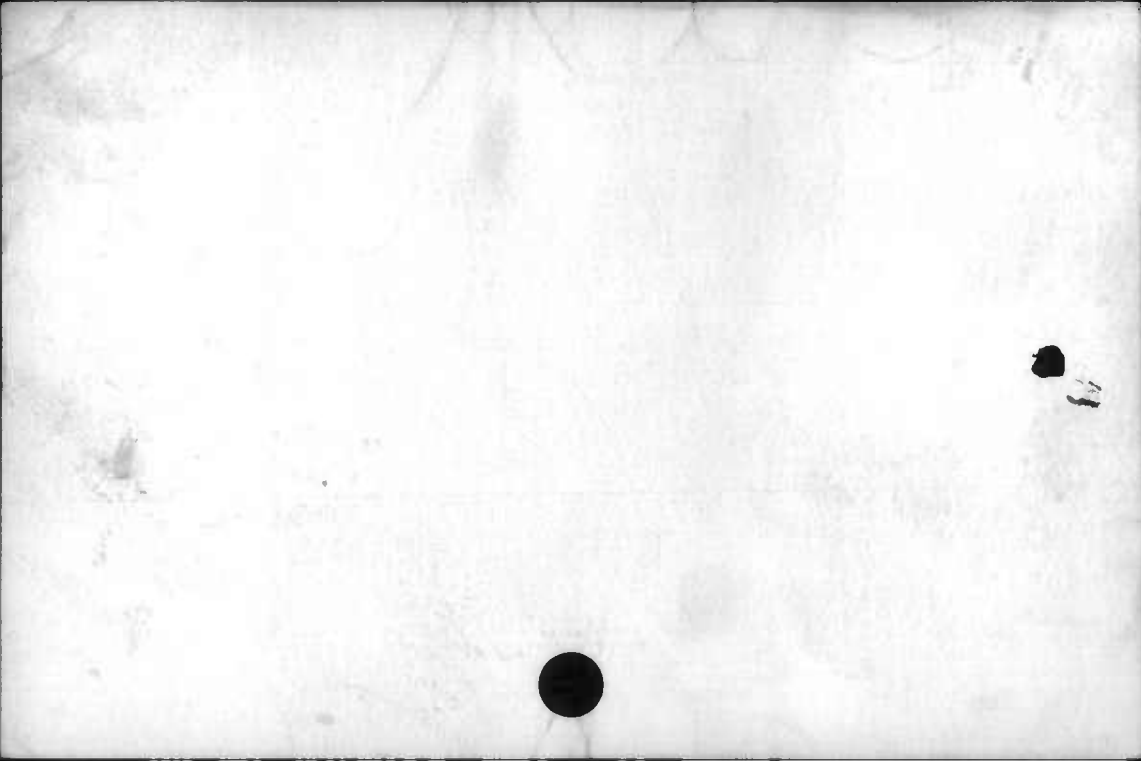
Alec P. Harrison

Springfield State Hospital
Sykesville Md.

Accident or Suicide

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Franklin V. Scott.

CERTIFICATE OF DEATH

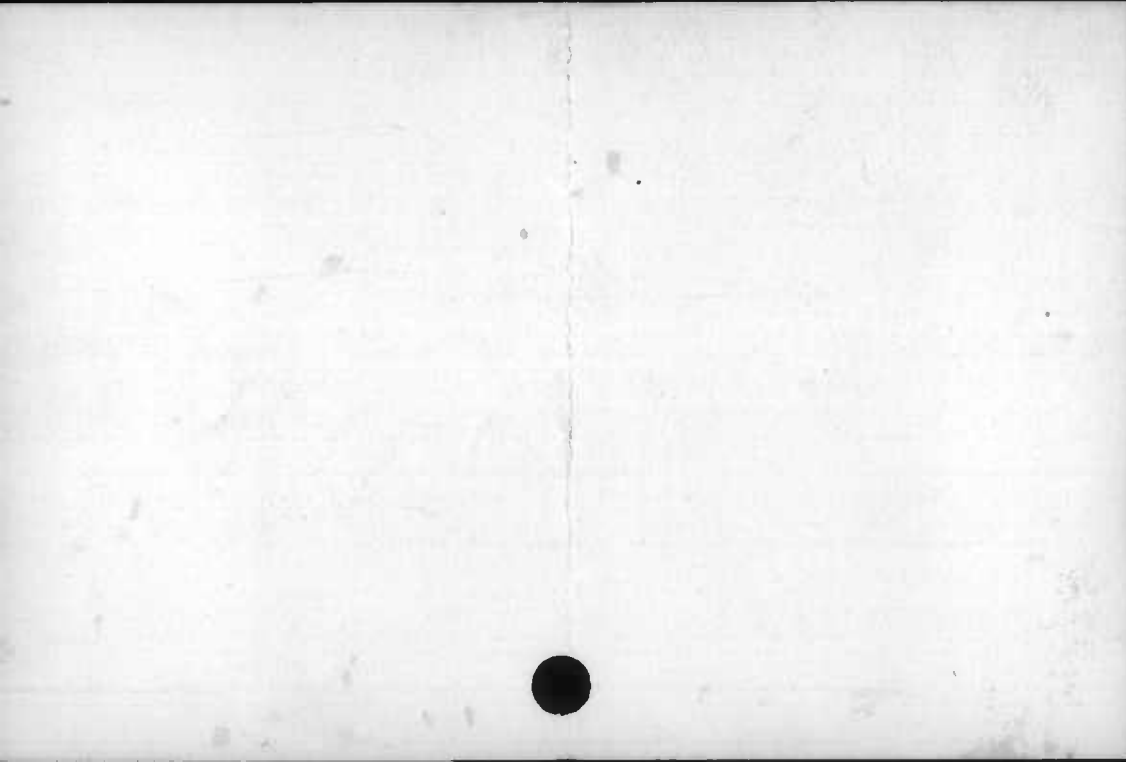
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hampstead</u>		Town <u>Cumers</u>		County		MARYLAND	
Date of death	19 <u>30</u>	Month <u>2</u>	Day <u>4</u>	Age <u>1</u>	Years	Months <u>9</u>	Days <u>27</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Hampstead Md</u>		Where Residing if not at place of death <u>Same</u>		
Occupation	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband				
Father's Name <u>Unknown, illegitimate</u>	Father's Birthplace						
Mother's Maiden Name <u>Felma Scott</u>	Mother's Birthplace <u>Hampstead Md</u>						
Name of person giving information <u>Felma Scott</u>	How related to deceased <u>Mother</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Indigestion</u>	How long <u>103 hr</u>
Immediate <u>Heart Failure</u>	How long <u>18 hr</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edgar M. Bush</u>
	Address <u>Hampstead, Md.</u>
Accident or Suicide? <u>X</u>	



Rebecca Scholl

MARYLAND

Date of death 1960	Month	Day	Age	Years	Months	Days
	12	1	73			21

Sex	Female	Color or Race	White	Birth-place	Small
-----	--------	---------------	-------	-------------	-------

Occupation Housewife Where Reading if not at place of death at home

Married, Single or Widowed	Married	Name of Wife or Husband	John Scholl
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Father's Name *Robert E. Brown* Father's Birthplace *Lowell, Mass.*

Mother's Maiden Name Susanna Humbert Mother's Birthplace Basel, Sw.

Name of person giving Information	Lawrence Schell	How related to deceased	Son
-----------------------------------	-----------------	-------------------------	-----

92)

Primary *Bacillus Pneumoniae* 4 days

Immediate	Heart Failure	How long	1 day
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Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. Lewis*

Signature of Physician Lewis K. Smith, M.D.

Address 1000 E. 1st St.

Accident or Suicide

OFFICE SUPPLY CO. 8-20-08

**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Uniontown</i>		Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>February</i>	Day <i>24</i>	Age <i>64</i>	Years	Months <i>8</i>	Days <i>6</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Maryland</i>					
Occupation <i>Produce Dealer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Leborah J. Stein</i>						
Father's Name <i>William Segafosse</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Ruth Stein</i>	Mother's Birthplace <i>"</i>						
Name of person giving Information <i>W. G. Segafosse</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic diffuse Meningo-Encephalitis* How long *61* years

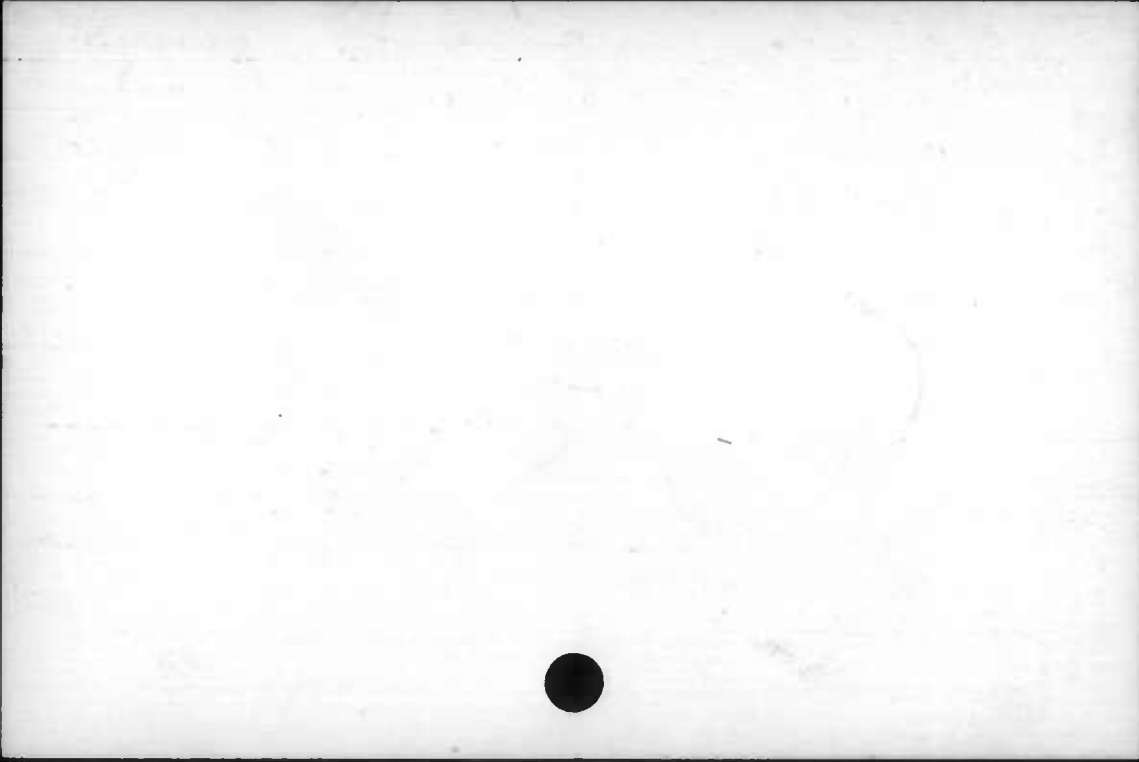
Immediate *Encephalitis* How long *3* years

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Susannah Sheffer*
 Died at *Roller Mills* Town *Carroll* County
 Date of death *1960* Month *Feb.* Day *2* Age *58* Years Months *2* Days *18*

MARYLAND

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Jeremiah P. Sheffer*

Father's Name *Fred K. Bader* Father's Birthplace *Tenn.*

Mother's Maiden Name *Susannah Zimmerman* Mother's Birthplace *Md.*

Name of person giving Information *J. P. Sheffer* How related to deceased *Husband*

CAUSES OF DEATH

65

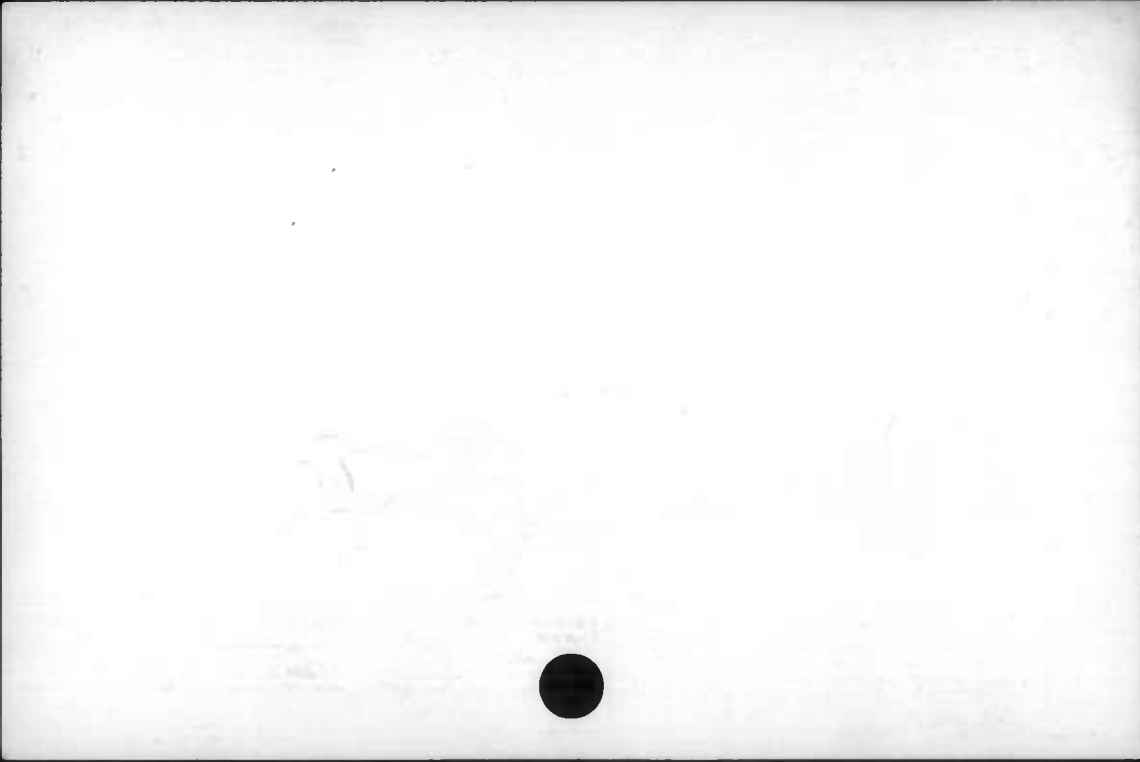
Primary *Softening of the Brain* How long *5 Months*
Paralysis How long *48 hours*

Immediate
 Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. R. Albarrach*
 Address *Glenn Rock Pa.*

Accident or Suicide *no*

PHYSICIAN
OR CORONER



Name
in
Full

Lucinda Sarah Shipley

Town

County

568

CERTIFICATE OF DEATH

Died at Mar 28th

Carroll

MARYLAND

Date

of death 1980

Month

Feb.

Day

23

Age

Years

75-

Months

2

Days

1

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Cornelius H Shipley

Father's
Name

Frederick Shipley

Father's
Birthplace

Maryland

Mother's
Maiden Name

Kathleen Poole

Mother's
Birthplace

Maryland

Name of person giving
Information

Lucinda McInnis

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Grip Pneumonia

How long

9 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E D Cronk

Winfield Carroll
Co

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sharrer

Gist M^d

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

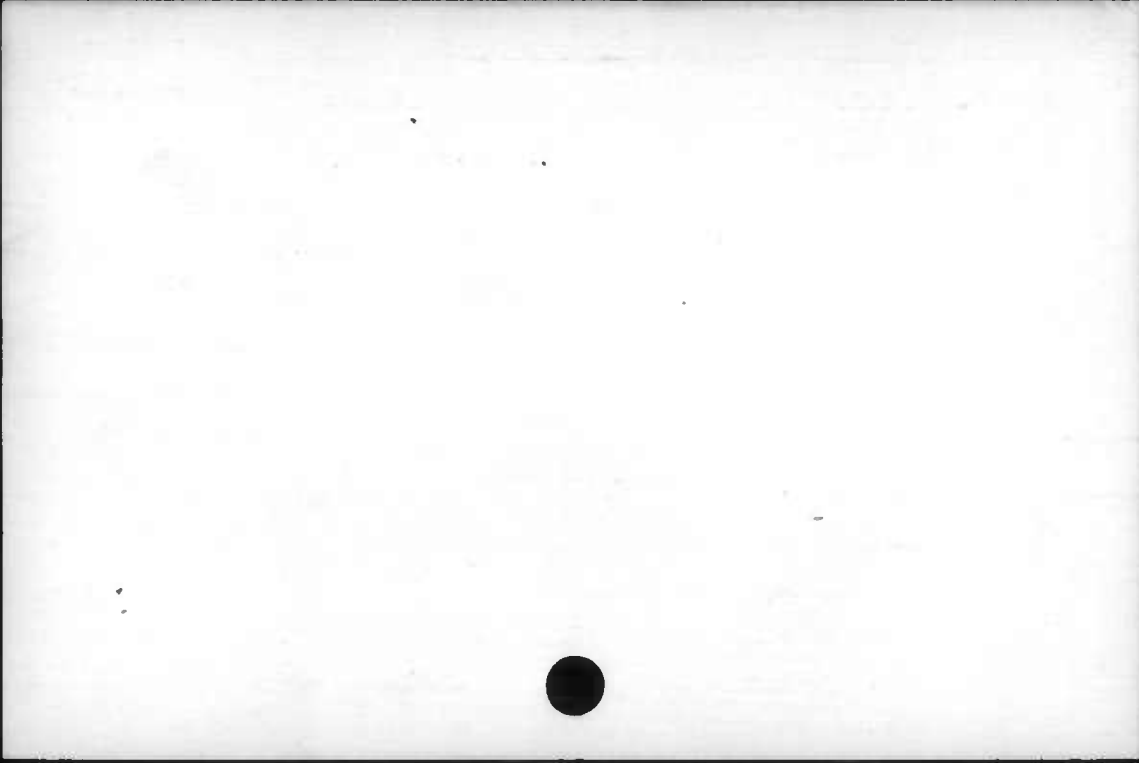
Name in Full <i>Henry West Shriver</i>		Town <i>Union Mills</i>		County <i>Garroll</i>		MARYLAND	
Died at <i>Union Mills</i>		Month <i>Feb.</i>		Day <i>26</i>		Years <i>72</i>	
Date of death <i>1900 Feb.</i>		Months <i>2</i>		Days <i>17</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Union Mills Md.</i>			
Occupation <i>Retired Gentleman</i>		Where Residing if not at place of death <i>At home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Shriver</i>					
Father's Name <i>Andrew W. Shriver</i>		Father's Birthplace <i>Garroll Co.</i>					
Mother's Maiden Name <i>Estherine Kramer</i>		Mother's Birthplace <i>Hanover Pa.</i>					
Name of person giving Information <i>Louis E. Shriver</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

Primary <i>Pinchosis of liver and Organic heart trouble</i>	How long <i>2 Yrs</i>
Immediate <i>Heart Failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. Lewis Wetzel M.D.</i>
	Address <i>Union Mills Maryland</i>
Accident or Suicide	



Name
in
Full

Belle Tilghman

CERTIFICATE OF DEATH

Died at ^{Town} Springfield State Hosp ^{County} Carroll MARYLAND

Date of death 1900 ^{Month} Feb. ^{Day} 14 Age ^{Years} 5-6 ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Ind.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving Information Hospital Records

How related to deceased

CAUSES OF DEATH

Primary Mania (Recurrent)

How long 4 weeks

Immediate Ephractions

How long Progressive

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

E. H. Snively
Springfield State Hosp
Sylacsville, Ind

Address

Accident or Suicide

yes
no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ballie C. Warner*

Died at *Westminster* Town *Carroll* County *MARYLAND*

Date of death 19*60* Month *Feb.* Day *6* Age *68* Years *1* Months *10* Days

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *Home*

Married, Single or Widowed *Married* Name of Wife or Husband *A. Miles Warner*

Father's Name *John Storer* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Rosserman* Mother's Birthplace *Maryland*

Name of person giving Information *A. Miles Warner* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Lobar Pneumonia* How long *3 weeks*

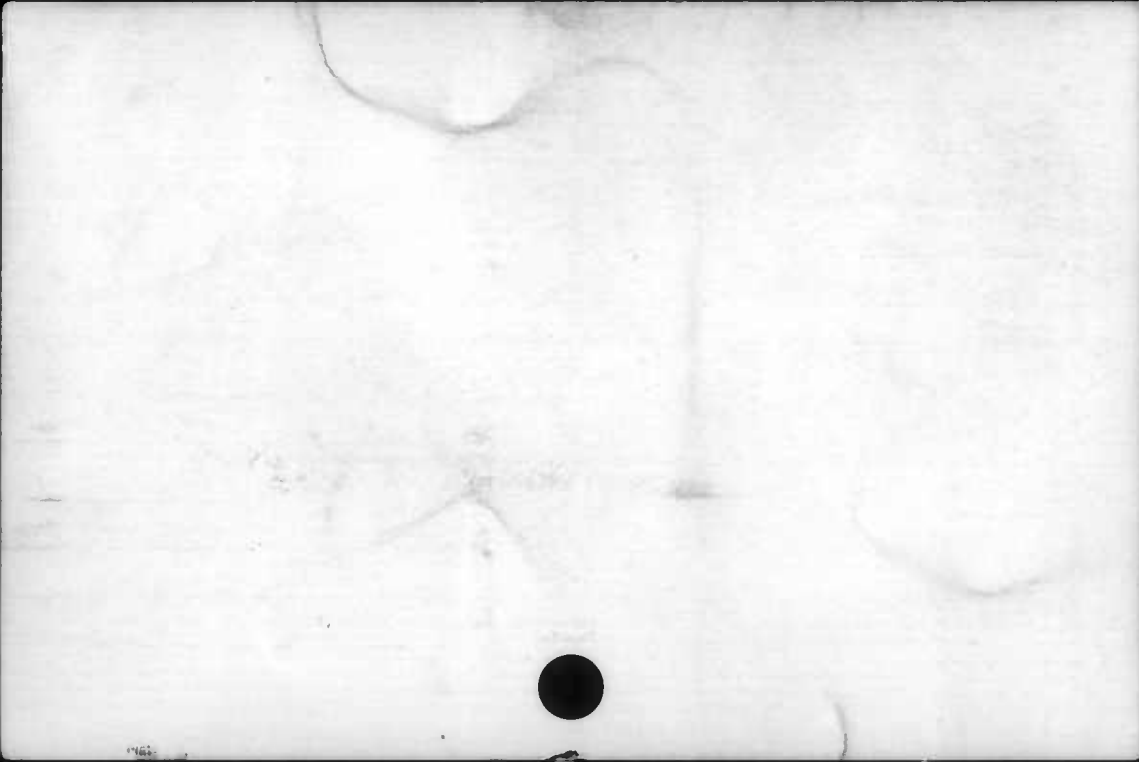
Immediate *Paralysis-Exhaustion* How long *30 hrs.*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas R. Foutz*

Address *Westminster*

Accident or Suicide *No*

PHYSICIAN
OR CORNER



Name
in
Full

Levi Wetzel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near McKinstry Mills		Barroll					
Date of death	1900	Month	2	Day	21	Age	70
						Months	5
						Days	
						20	
Sex	Male		Color or Race	white		Birth-place	Md.
Occupation	Day laborer		Where Residing if not at place of death		William G. Wetzel		
Married, Single or Widowed	Widowed		Name of Wife or Husband		Sophia Wetzel		
Father's Name	Jacob Wetzel		Father's Birthplace		Fred. Co. Md.		
Mother's Maiden Name	Do not know		Mother's Birthplace		Fred. Co. Md.		
Name of person giving Information	William G. Wetzel		How related to deceased		Son		

CAUSES OF DEATH

Primary	Atheroma, Arthura		How long	2 yrs
Immediate	Heart		How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. Durbin Brown.
Filed 1910		Address		
Accident or Suicide		Union Bridge, Md.		

PHYSICIAN
OR CORONER

Franklin, M. E. C.

Name
in
Full

Elsie Eugene Wilkins

CERTIFICATE OF DEATH

Died at ^{Town} near Berrett

County

Carroll

MARYLAND

Date
of death 1900

Month

2

Day

7

Age

Years

—

Months

3

Days

26

Sex

Female

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

near Berrett, Md.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Amos Wilkins

Father's
Birthplace

Carroll Co. Md.

Mother's
Maiden Name

Lillie Costley

Mother's
Birthplace

" " "

Name of person giving
In formation

Amos Wilkins

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cold,

How long

2 weeks

Immediate

Capillary Bronchitis

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. Decker

Address

Winfield Carroll Co.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

White Rock

Name
in
Full

CERTIFICATE OF DEATH

Edward Wright

Town

County

MARYLAND

Died at

Hoods mill Carroll

Date

Month

Day

Years

Months

Days

of death

1900 Feb

8

Age

83

Sex

Male

Color
RaceBirth-
place

Carroll co

Occupation

Laborer

Where Residing if not
at place of death

Hoods mill

Married, ~~yes~~Name of Wife or
Husband

Caroline Wright

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's

Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
In formation

Michael Glenman

How related
to deceased

No

CAUSES OF DEATH

Primary

old age

How long

Sudden

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

No Physician in attendance

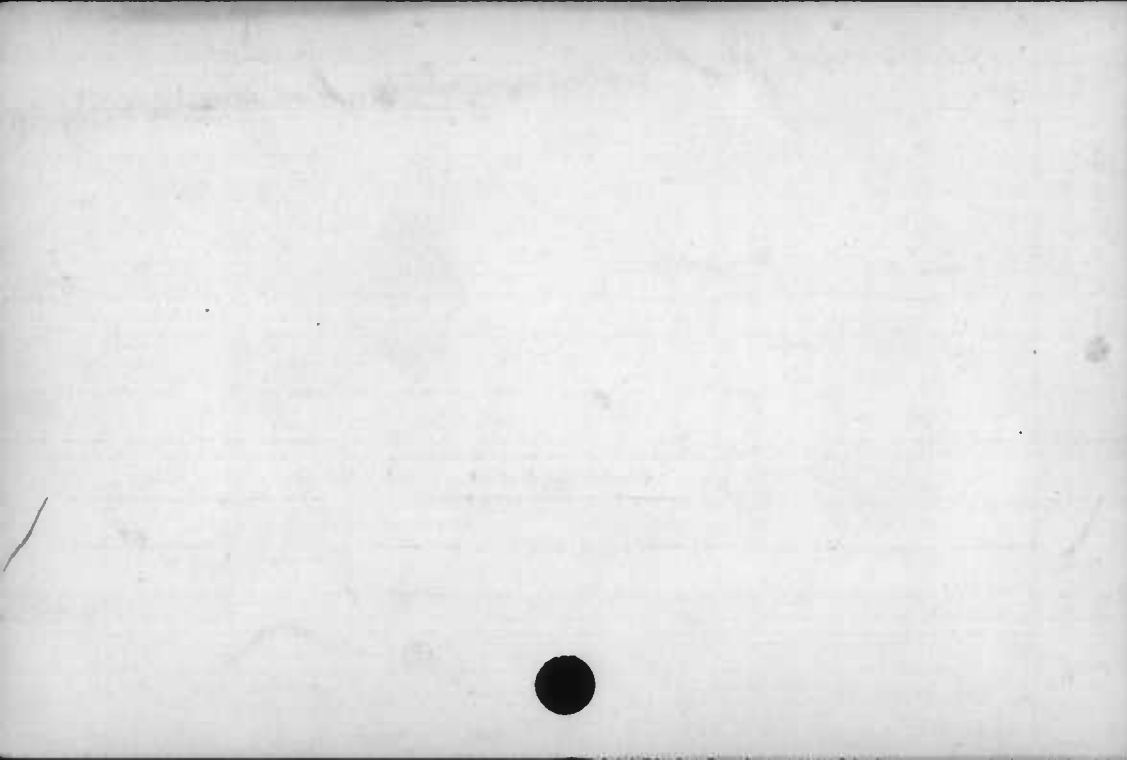
James M. Pickett & son

Accident or Suicide?

Woodbine md

Undertakers

BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James E. Young

Town *Watersville* County *Cadron*

Died at *Watersville* Maryland

Date of death 19*80* Month *2* Day *20* Age *X* Months *X* Days *3*

Sex *Male* Color or Race *White* Birth-place *Watersville*

Occupation *Baby* Where Residing if not at place of death *Watersville*

Married, Single or Widowed *Single* Name of Wife or Husband *not any*

Father's Name *Wm. Young* Father's Birthplace *Oakland Md.*

Mother's Maiden Name *Mary T. Harrison* Mother's Birthplace *Florence "*

Name of person giving Information *Wm. Young* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Capillary. Bronchitis* How long *9 1/2* ✓

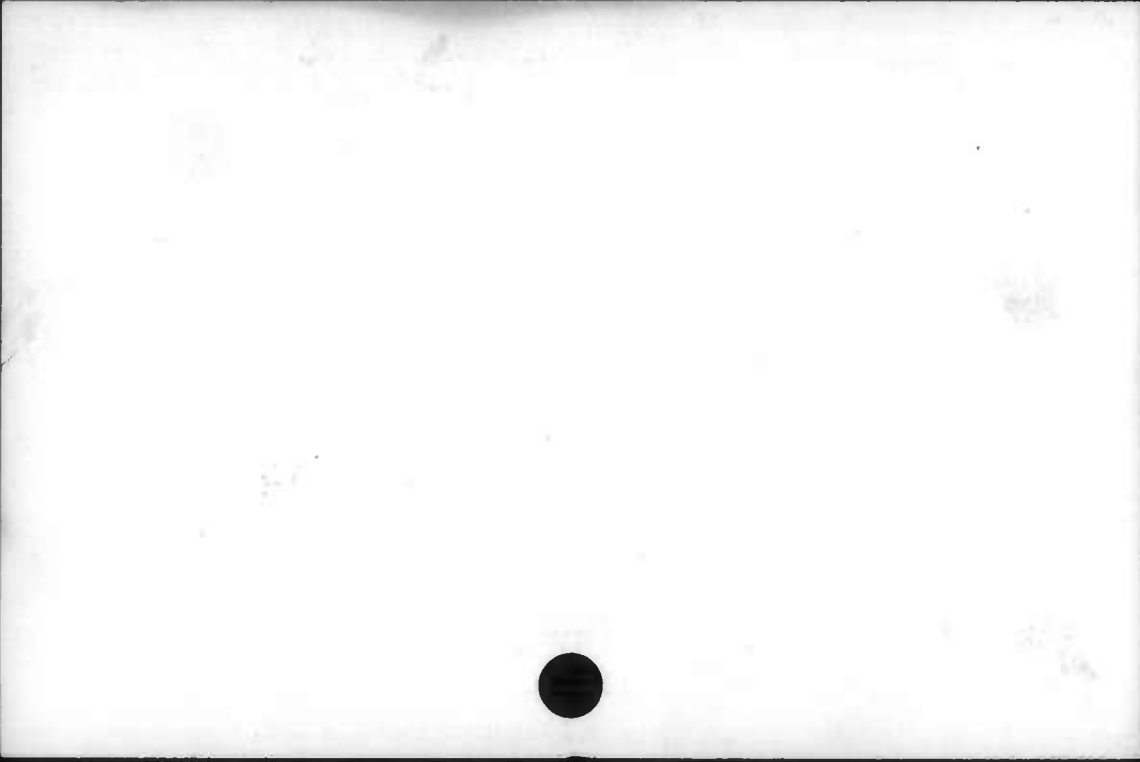
Immediate *respiratory Obstruction* How long *two days*

Are the name, age, sex, color, date and place correctly given above? ☒

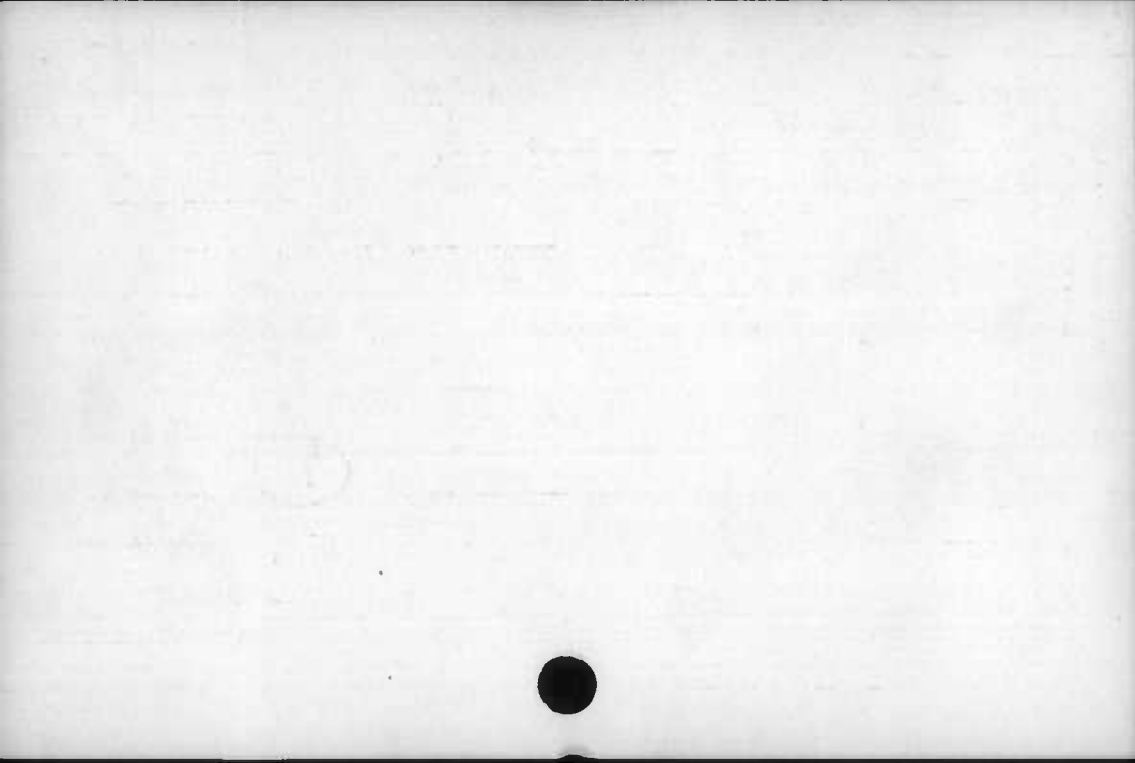
Signature of Physician *A. T. Cronk*

Address *Taylorville.*

Accident or Suicide ☐



Name in Full		Martha E Ziff				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Snydersburg	County Carroll		MARYLAND	
	Date of death	1900	Month Feb.	Day 20	Age 65	Years 8	Months 10
	Sex	Female		Color or Race	White		Birth-place
	Occupation	House wife		Where Residing if not at place of death		Snydersburg	
	Married, Single or Widowed	Widowed		Name of Wife as Husband	Abraham Ziff		
	Father's Name	Daniel Wabrmeyers		Father's Birthplace	Hampstead Md		
	Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown		
Name of person giving information	Henry Ziff		How related to deceased		Son		
<div style="display: flex; justify-content: space-between;"> <div> <div>CAUSES OF DEATH</div> <div> <div>Primary</div> <div>Lobular Pneumonia</div> <div>Immediate</div> <div>Are the name, age, sex, color, date and place correctly given above?</div> <div>Accident or Suicide?</div> </div> </div> <div> <div> <div>How long</div> <div>3 days</div> </div> <div> <div>Signature of Physician</div> <div>J H Sherman M.D.</div> <div>Address</div> <div>Marydust</div> </div> </div> </div>							
<div> <div>PHYSICIAN OR CORONER</div> <div> <div>How long</div> <div>3 days</div> </div> <div> <div>Signature of Physician</div> <div>J H Sherman M.D.</div> <div>Address</div> <div>Marydust</div> </div> </div>							



Name
in
Full

Ralph William Zepp

CERTIFICATE OF DEATH

Died ^{Town} near Pannystown ^{County} Carroll MARYLAND
Date of death 1960 ^{Month} Feb. ^{Day} 27 Age ^{Years} 5 ^{Months} 17 ^{Days}
Sex male Color or Race White Birth-place Carroll Co -
Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband
Father's Name William David Zepp - Father's Birthplace Carroll Co -
Mother's Maiden Name Mary E. Keefer Mother's Birthplace Carroll Co -
Name of person giving Information William David Zepp How related to deceased Father

CAUSES OF DEATH

Primary Measles How long 5 days
Immediate Broncho Pneumonia How long 8 days -
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician C. M. Berner M.D.
Address Pannystown Md -
Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

